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R. HURT 05/31/73

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MRS. K'LEANING	i USA CORP	
DOCUMENT NUMBE	R:P20000081472		
The enclosed Articles of	**Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
R	OSEMARY MARKS		
	<u> </u>	Name of Contact Persor	1
R	DM BOOKKEEPING SER	VICE & CONSULTING C	ORP
		Firm/ Company	
2	300 W SAMPLE RD STE 2	•	
		Address	
P	OMPANO BEACH, FL 330	073	
_		City/ State and Zip Code	2
ro	lmbookkeepingservice@gn	nail.com	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
ROSEMARY MARKS		781 at (443-2789
Name of	Contact Person	· · · · · · · · · · · · · · · · · · ·	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MRS. K'LEANING USA CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P20000081472			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	; amendment(s) t
A. If amending name, enter the new name of the corporation:			
G & KR SERVICES CORP		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain	и "Согр"	
B. Enter new principal office address, if applicable:	9142 SW 22nd St Unit D		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boca Raton, FL 33428		
		202	ETVIS.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9142 SW 22nd St Unit D	2023 ray 3	15/04/04
	9142 SW 22nd St Unit D		ζ,
			章 (字)
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		PH12: 40	7.
Name of New Registered Agent			
(Florida s	treet uddress)		
New Registered Office Address:	, Florida		
	(City) (Zip C	ode)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.		
Signature of New	Registered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustce; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	2	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		·		
Add				
Remove				

(Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
_	
If an	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
•	
_	

	otion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depa	ek does not meet the applicable statutory filing requiremen rtment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amcient for approval.	endment(s)
	ved by the shareholders through voting groups. The following ch voting group entitled to vote separately on the amendment	
"The number of votes cast fo	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 9/2	1/2023	
Signature		
(By a dire selected,	ctor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
	Katia Ferreira B Costa (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	