P20000086939

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COVER LETTER

TO: Amendment Section

Division of Corporations

DOCUMENT NUM	PRATION: KAI CORP BER: P20000086939			
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	LUIS R. SMITH			
		Name of Contact Person	1	
	TAXES USA LLC			
	-	Firm/ Company		
	11402 NW 41STREET SUIT			
	EVADAT	Address		
	DORAL			
		City/ State and Zip Code	e	
	INFO@TAXESUSAMIAMI.	СОМ		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informati LUIS R. SMITH	on concerning this matter, pleas		. 4702429	
Name	of Contact Person	at (Area Co.	_) 4702429 de & Daytime Telephone Number	
	or the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Amend	Address Iment Section	
	vision of Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

MILLES AMILLES

to

IKAI CORP

(Name of Corporation a	as currently filed with the Florida Dept. of State
P20000086939	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	oration:
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviat	The new oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are	ered Agent: m familiar with and accept the obligations of the position.
Signatur	re 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)

Example:

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 = Trustee; 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	MARIO A. GABALDON TENORIO	7661 NW 107 AVE APTO # 702
X Add			DORAL FL 33178
Remove	S	ABIGAIL L. PINERO GODOY	7661 NW 107 AVE APTO # 702
2) Change X Add			DORAL FL 33178
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	is, if necessary).	(Be specific)	<u>(e(s) here</u> :		
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If an amendment pro provisions for imple (if not applicable	menting the ame	hange, reclassifica andment if not co	ation, or cancellat ntained in the ame	on of issued shares adment itself:	7
provisions for imple	menting the ame	hange, reclassifica andment if not co	ation, or cancellati ntained in the ame	on of issued shares endment itself:	<u>.</u>
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	07/15/2022	
The date of each amendment(s) adopti	ion:, if	other than th
date this document was signed.		
07/15/20	22	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder	holder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by	,"	
,	(voting group)	
07/15/2022		
Dated		
Signature Zum	ne l de Gabaldón	
selected, by	or, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
ROS	SINA TENORIO	
	(Typed or printed name of person signing)	
PRE	ESIDENT	
	(Title of person signing)	