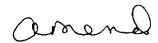
P21 0000 16174

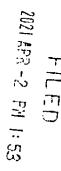
Office Use Only



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04/02/21--01016--014 **35.00 -



MAY 2 7 1021 A RAMSE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NDK9 CORP					
DOCUMENT NUMI	BER:		<u>. </u>			
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:				
	ELKYN J CARDONA					
	Name of Contact Person					
	Firm Company					
	501 SE 2ND ST APT 908					
		Address				
	FORT LAUDERDALE, FL 33301					
		City/ State and Zip Cod	e			
	npinzon(a,allbsolutions.com					
	E-mail address; (to be us	sed for future unnual report	notification)			
For further informatio	n concerning this matter, plea	se call:				
ELKYN J CARDON	Α	954	881 0033			
Name of Contact Person		Area Co	881 0033 de & Daytime Telephone Number			
Enclosed is a check fo	or the 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, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Ar	rticles of Amendment to	~
Art	ticles of Incorporation	Religion FILES
IDK9 CORP	of	Of State)
(Name of Corporation a	as currently filed with the Florida Dept	of State)
21000016174		. "
(Document	t Number of Corporation (if known)	
ursuant to the provisions of section 607,1006, Florida Sta s Articles of Incorporation:	atutes, this Florida Profit Corporation ad	lopts the following amendment(s)
. If amending name, enter the new name of the corpo	oration:	
!/A		The new
me must be distinguishable and contain the word "corpo lnc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbrevial	r "Co". A professional corporation ne	
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	N/A ESS)	
		· · · · · · · · · · · · · · · · · · ·
		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
. If amending the registered agent and/or registered		ne of the
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent N/A		
N/A	(Elevido grant address)	
N/A	(Florida street address)	
N/A		, Florida(Zip Code)

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	PT	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	CARVAJAL, NATALIA	910 SORRENTO DR
X Add		_	WESTON, FL 33326-4504
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Artic (Attach additional sheets, if necessary). 	<u>cles, enter change(s) here:</u> (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
3/71	
	

•

03/23/2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
03/23/2021 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	п
ELKYN J CARDONA	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)

. . . .