## P21000058256

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## COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KLR NEWBOLD:	S, INC				
	IBER: P21000058256					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	itter to the following:				
	JAMES H COLLIER SR					
		Name of Contact Person	n			
	COLLIER'S ACCOUNTING	SERVICE, INC				
	Firm/ Company					
	8812 SHENANDOAH LAN	• •				
		Address				
	HUDSON, FL 34667-2721					
		City/ State and Zip Cod	e			
	JCOLLI58@YAHOO.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas		868-6020			
	of Contact Person	at ( 727 at (	de & Daytime Telephone Number			
	or the following amount made		,			
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)			
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section in of Corporations entre of Tallahassee S. Monroe Street, Suite 810 issee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

FILED

KLR NEWBOLDS, INC		2021 AUG -4 AM 7:47
(Name of Corporation	as currently filed with the Florida De	of, of State)
P21000058256		SECRETARY OF STATE TAULAHASSEE, FT
(Documer)	nt Number of Corporation (if known)	- COLE, FL
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	ooration:	
		TI
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered." "professional association," or the abbrevia	or "Co". A professional cornovation	The new "or the abbreviation "Corp.," name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
	<del></del>	
D. If amending the registered agent and/or registered	office address in Florida, enter the na	me of the
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent		
		<del>_</del>
	(Florida street address)	
New Registered Office Address:	2.10	Florida
	(City)	(Zīp Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligation	is of the position.
Simular	e of New Registered Agent, if changing	
	v of New Registerea Agent, if changing	
Theck 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	<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	VP	ANDRI	EA NEWBOLDS		6700 ATIS STREET
X Add					NEW PORT RICHEY, FL 34653
Remove					
2) Change					
Add					
Remove 3) Change		<del>-</del>		 	
Add					
Remove					
4) Change		<u> </u>		<u> </u>	
Add					
Remove				_	<del></del>
5) Change					
Add					
Remove				_	
6) Change		-			
Adđ				_ <b>-</b>	
Remove				-	

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	· <del>-</del> · · · ·
<del> </del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

. . . . . . . .

The date of each date this docume		07/27/2021 option:	, if other than the
Effective date if	applicable:		
_		(no more than 90 days after amendme	nt file date)
		ock does not meet the applicable statutory filing roartment of State's records.	requirements, this date will not be listed as th
Adoption of Am	iendment(s)	( <u>CHECK ONE</u> )	
The amendme action was no		pted by the incorporators, or board of directors with	nout shareholder action and shareholder
		oted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
must he sepa.	rately provided for	roved by the shareholders through voting groups. To each voting group entitled to vote separately on the for the amendment(s) was/were sufficient for appro	r amendment(s).
by		er me mirendinen(e), vas vere santenen ist uppro	**
Dy		(voting group)	·
	07/27/2021 Dated	La A. nustralla	
	(By a di selected	rector, president or other officer – if directors or off, by an incorporator – if in the hands of a receiver, and fiduciary by that fiduciary)	ficers have not been trustee, or other court
		STEPHEN'S NEWBOLDS	
		(Typed or printed name of person signin	g)
		PRESIDENT	
		(Title of person signing)	<del>-</del>