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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Dox	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: J & K SMART SO	LUTIONS CORP		
DOCUMENT NUN	1BER: P21000064910			
	s of Amendment and fee are su	bmitted for tiling.		
Please return all com	espondence concerning this ma	tter to the following:		
	Jesus Parra			
	<u>. </u>	Name of Contact Persor	1	
	J & K Smart Solutions Corp			
		Firm/ Company		
	2800 Lakeview terrace apt 10	- •		
		Address		
	Margate Florida 33063			
	*	City/ State and Zip Code	e	
	Bennes 2101@nmail.non			
	jksmart2101@gmail.com	- I Con Citizen and an incident		
	n-mait address; (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Jesus Parra		954 at (9918577 _) de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
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 Division of Corporations		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
	O. Box 6327 Ilahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

J & K Smart Solutions Corp				
· -	n as currently filed with the Florida	Dept, of State)		
P21000064910				
(Docume)	ent Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation	on adopts the follow	ing amendm	ent(s)
A. If amending name, enter the new name of the corp	poration:			
			The nev	h'
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional corporation			
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
		- 1	202	
			<u> </u>	-77
C. Enter new mailing address, if applicable:		•	φ 2	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		<u>ě</u>	
		ψ.	P. A	
		•	<u> </u>	
	 		29	
D. If amending the registered agent and/or registere	ed office address in Florida, enter the	name of the	_	ŧ
new registered agent and/or the new registered of				
Name of New Registered Agent				
The sy hear house the pigeting				
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	p Code)	
	• ·	•	1	
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered agent. 1	am familiar with and accept the oblige	ations of the position	l.	
Signat	ture of New Registered Agent, if change	ing		

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-= 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Raiza Ocando	2800 lakeview terrace apt 106
x Add			Margate Fl 33063
Remove			
2) Change			
Add			
Remove 3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary)	(Be specific)				
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			<u></u>		
an amendment provides for an ex	changa raclassifica	itian arcancal	lation of issued :	shures	
provisions for implementing the ar	nendment if not con	itained in the a	mendment itsel	<u>f:</u>	
(if not applicable, indicate N/A)					
					
	·	***			
<u></u>					
	· 				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	0/22/2021	
UEffective date if applicable:	9/23/2021	
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	t shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ar	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
09/23/2 Dated	021	
Signature	150	
sele	a director, president or other officer – if directors or office eted, by an incorporator – if in the hands of a receiver, trubinted fiduciary by that fiduciary)	
	JESUS PARRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	