P22000014290

(Requestor's Name)
(Address)
(Address)
(idoloss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine it its index)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

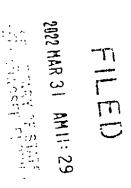
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A. RAMSEY APR 1 8 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: KOMS CONSUL	TING INC					
	JMBER: P22000014290		<u>. </u>				
	cles of Amendment and fee are s	ubmitted for filing.					
Please return all c	orrespondence concerning this m	atter to the following:					
	Youshan Zhao						
	Name of Contact Person						
	CPA Services						
	Firm! Company						
	618 Osprey Lakes Cir						
	Address						
	Chuluota, FL 32766						
	City/ State and Zip Code						
	cafferyzhu@berkeley.edu						
		(to be used for future annua	Treport notification)				
		•	•				
For further inform	nation concerning this matter, plea	ase call:					
Youshan Zhao		at (724	5578193 de & Daytime Telephone Number				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a chec	ck for the following amount made	e payable to the Florida Dep	artment of State:				
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □*tified 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 P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corporations The Ceatre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

FILED
2022 MAR 31 AMII: 29

Articles of Amendment to Articles of Incorporation of

KOMS CONSULTING INC.

(Name of Corporation as currently filed with the	Florida Dept. of State)
P22000014290	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th Incorporation:	is corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
	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 the word
B. Enter new principal office address, if applicable:	6208 N Federal Hwy
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33308
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6208 N Federal Hwy
· · · · ·	Fort Lauderdale, FL 33308
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	. Florida
(Ci	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia.	at: r with and accept the obligations of the position.
Signature of New Registered	I Agent, if changing

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 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	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	Р	_	LIU, KELVIN XIAO	6208 N Federal Hwy
Add	-	_		Fort Lauderdale, FL 33308
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

,	al sheets, if necessary).	(Be specific)			
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If an amendment	provides for an exchai	<u>nge, reclassificatio</u>	n, or cancellatio	n of issued shar	·es.
<u>provisions for im</u>	plementing the amend	ment if not contain	<u>ied in the amen</u>	<u>dment itself:</u>	
(if not applica	ible, indicate N/A)				
		·			

	adoption:	, if other than the
date this document was signed.	3/21/2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendments:	
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
03/21/20 Dated	22	
Signature	Kedu / pr	
	director, president of other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	Kelvin Xiao Liu	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	