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(((H22000141564 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone : (305)644-3055 Fax Number : (305)644-3052

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN<sub>TI</sub> SHAMANIK ABJINI INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A. BUTLER

APR 2 7 2022

TO: Amendment Section

## COVER LETTER

Division of Corporations NAME OF CORPORATION: SHAMANIK ABJINI INC DOCUMENT NUMBER: P22000020285 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ENNA DIEPPA Name of Contact Person KIJOENNA SERVICES INC Firmy Company 2141 SW 1 ST Address MIAI FL 33135 City/ State and Zip Code KRISJOENNA@YAIIOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ENNA DIEPPA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □S43.75 Filing Fee & S43.75 Filing Fcc & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassec P.Q. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

SHAMANTK ABJINTING	2022 APR 26 AM 9: 43		
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P22000020285	SECRETARY OF STATE		
(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must he 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:	114 ANTILLA AV APT 8		
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES FL 33134		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	114 ANTILLA AV APT 8		
	CORAL GABLES F1 33/3U		
D. If amanding the registered agent and/or registered office add	ress in Florida, enter the name of the		
	S:		
new registered agent and/or the new registered office address	S:		
	<u>s:</u>		
new registered agent and/or the new registered office address  Name of New Registered Agent	reet address)		
new registered agent and/or the new registered office address  Name of New Registered Agent	,,		

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 Cierk: CEQ = Chief Executive Officer; CFQ = 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Titic</u>	Name	<u>Address</u>
1) Change			·
Remove			
2) Change			
Add			
Remove 3) Change			
Add			**
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
ó) Change			
Add			
Remove			

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f an amendment pro provisions for imple (if not applicable	ovides for an exchange ementing the amendme e, indicate N/A)	:, reclassification, or ent if not contained i	cancellation of issue n the amendment it	ed shares, self:	
	<del>-</del>		· A		
				<u> </u>	

Apr. 26. 2022 10:02AM		No. 1133 P. 9
The date of each amendment(s) adoption date this document was signed.	n: 04/26/20 04/26/20	, if other than the
Effective date if applicable:	<u> </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	locs not meet the applicable statutory filing requirements, tent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amend of for approval.	lment(s)
	by the shareholders through voting groups. The following swoting group entitled to vote separately on the amendment(s,	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	04/26/20 ~ Assais Jucca-	
selected, by	r, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or oth luciary by that fiduciary)	
LEO	NOR ARRAIZ LUCCA	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	