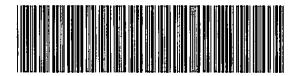
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HO	DRNE
	SEP 1	4 2022

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<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Kay'S All In One Inc.
DOCUMENT NUMBER: P22000 LQ 153
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kierra Tucker
Kay'S All M Dol Services Inc
6237 Presidential Ct suite 140
F1. Myers FC 33919 City/ State and Zip Code
<u>Kierratuckerad @icloud.com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 316 6008 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\begin{array}{cccccccccccccccccccccccccccccccccccc
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amo to Articles of Incor	FILED
Kavic all In Service	20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of Corporation as currently t	filed with the Florida Deije of State)
P22000C)26153 LLANASSELL. I
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	CLOR III
2430 Vande (Florida street New Registered Office Address: Navoles	rbilt Beach Rol Ste 108-#1036

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 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.

Example: X Change	PT John I	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CÉO	Kanisha Giraham	6237 Presidential Ct.
Add			Sut 140 F1 Myers, FC 33919
Remove 2) Change		Walter TuckerI	I 2430 Vanderbilt beach Ro
Add Remove 3) Change	(C)	Jodorg Pender	Salte 108 H 636 Naples, FL 3410 6237 Presidentical Ct. Suite 140 Ft. Myers FL 3391
Change Add	<u> </u>	SCHOOL LICE	54+6 140 ft Myers + (3) 11
Remove 4) Change			
Add			
Remove			<u> </u>
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	mending or ac ach <i>additional</i>					<u>e</u> :			
M	stake	On	Cur	rent	RA	name	for	Kanisha	
Gi	raham d a	or dd	Sign new	ature RA	line	name please	rck	place / r	emov
							<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		<u>nplementin</u>	g the amen			cancellation of iss in the amendment			
No	Chan	190 s	4.	Share	<u>.</u>				
		,							
	• •			<u> </u>					

The date of each amendment(s) adoption: WWW TH 2024, if other than the
late this document was signed.
(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 date will not be listed as the locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Dated May 27th 2022
Signature Kildra Jercker
(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 court
applointed fiduciary by that fiduciary)
Liera lucker
(Typed or printed name of person signing)
CEO
(Title of person signing)