P22000030559

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(11)
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(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: C AND K BUSINE	ESS, CORP	
	IBER: P22000030589		
The enclosed <i>Article</i>	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	GLAUCIA BASTOS		
		Name of Contact Persor	1
	THE TRUST CIRCLE SERVICES, LLC		
		Firm/ Company	
	1001 EAST SAMPLE ROAD	• •	
		Address	
	POMPANO BEACH FLORI	DA 33064	
		City/ State and Zip Code	2
		,	
	ATENDIMENTOTHETRUS	•	
	is-mail address; (to be us	sed for future annual report	notification)
		11	
ror turtner informati	on concerning this matter, pleas	se cair;	
GLAUCIA BASTOS		954 at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amend	Address Iment Section
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Cornoration as curren	ntly filed with the Florida Dept. of State)		
P22000030589	,		
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen		
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 professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	1261 SE 6TH AVENUE SUITE H203		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DEERFIED BEACH FLORIDA 33441		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	SAME AS ABOVE		
D. Henry additional to a single and a second of the second	Idress in Florida, enter the name of the Paris		
 If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses 	adi ess in Ciorda, enter the name of the		
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		

Signature of New Registered 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	*		
Add			2022 TALL
Remove Change			
Add			SSEE T
Remove			
4) Change			50 50
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	2022 JUN
	TALL INS
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	S
	e, -:
	<u> </u>
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar	es,
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

,	

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	ris block does not meet the applicable statutory filing requirement e Department of State's records.	s, 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 without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amore sufficient for approval.	endment(s)
must be separately provided	e approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment cast for the amendment(s) was/were sufficient for approval	
by		AH TI
	(voting group)	L. L
05/10/2 Dated Signature	1022 HDW	# 8: 51
(By	a director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	CARLOS EULLER RODRIGUES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	