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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 MK INTERNATIONAL SERVICES INC

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COVER LETTER

TO: Amendment Sect Division of Corpo				
NAME OF CORPOR	MK INTERNATION:	NAL SERVICES INC		
DOCUMENT NUME	P22000031181			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ENNA DIEPPA			
		Name of Contact Person	1	
	KIJOENNA SERVICES INC	•		
		Firm/ Company		
	2141 SW 1 ST STE 110			
	· · · · · · · · · · · · · · · · · · ·	Address		
	MIAMI FL 33135			
		City/ State and Zip Code	3	
	KRISJOENNA@YAHOO.C	ОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
ENNA DIEPPA		at (7864997132	
Name of Contact Person		Arca Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as curren	tly filed with the Flor	ida Dept. of State)	
P22000031181		-		
	(Document Number	of Corporation (if know	(IIX	
Pursuant to the provisions of section 607.	1006, Florida Statutes, thi	s Florida Profit Corpo	ration adopts the following am	endment(s) to
A. If amending name, enter the new na	me of the corporation:			
			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co".	A professional corpu		
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>				
				2022 H
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			De la Constantina del Constantina de la Constantina del Constantina de la Constantin	AY 10
				A# 9:
D. If amending the registered agent an			r the name of the	82
new registered agent and/or the new Name of New Registered Agent	KARAME MORUAN	<u> </u>		
	(Florida :	street address)		
New Registered Office Address:	8600 NW 64 ST STE 1	DORAL	, Florida 33166	
		(City)	(Zip Code)	

Check if applicable

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 Doc X Remove \underline{V} Mike Jones \underline{X} Add <u>\$V</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) KARAME MOURAN 8600 NW 64 ST STE 1 i) ____ Change DORAL FL 33166 ____ Add Remove KARAME MORUAN 8600 NW 64 ST STE 1 2) ____ Change DORAL FL 33166 AddRemove 3) ____ Change ___ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ___ Add ___ Remove

Attach additional sheets, i	f necessary).	(Be specific)				
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f an amendment provide	es for an exch	ange, reclassific	ation. or cance	llation of issued	i shares.	
provisions for implement (if not applicable, ind	iting the amer	adment if not co	ntained in the	amendment its	elf:	
(ly mor appricable, me	alcuic /4/2/					
					······································	
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	05/10/22	
The date of each amend:		, if other than the
date this document was si		
	05/10/22	
Effective date <u>if applical</u>		
	(no more than 90 days after umendment file date)	
Note: If the date inserted document's effective date	d in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	ill not be listed as the
Adoption of Amendmen	ot(s) (CHECK ONE)	
The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without shareholder action and.	d shareholder
	is/were adopted by the shareholders. The number of votes east for the amendment(s) ras/were sufficient for approval.	
	is/were approved by the shareholders through voting groups. The following statement covided 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	
Ъγ	,n	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
	05/10/22	
Dated_		
Signatu	ire Karami Moruan	
- J	(By a director, president or other officer - if directors or officers have not been	
	sciected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	MORUAN KARAME	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(l'itle of person signing)	