P22000035436

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2022 HOV 17 AM 11: 45 SUCK TALL AND SEELFL

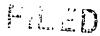
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COVER LETTER

TO: 'Amendment Section

Division of Corp	porations			
NAME OF CORPO	RATION: SKP GLOBAL, IN	łC	_	
DOCUMENT NUM	BER: P22000035436			
	s of Amendment and fee are su	bmitted for fili	ng.	
	espondence concerning this ma			
	jodi ronen		-	
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			ontact Persoi	1
	JG CONSULTING SERVIC			
		Firm/ C	Company	
	5481 WILES RD STE 502			
		Ad	dress	
	COCONUT CREEK, FL 330)73	_	
		City/ State	and Zip Cod	e
	JODI@ACCU-TAX.TAX			
	E-mail address: (to be us	sed for future a	nnual report	notification)
	·		•	
For further informati	on concerning this matter, pleas	se call:		
JODI RONEN		at (954	449-9709
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the	Florida Dep	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ((Additiona enclosed)	Copy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Ameno	Address Iment Section
Di	Division of Corporations			
P.C Ta	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
1.4	Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of



2022 HOV 17 AH II: 45 SKP GLOBAL, INC (Name of Corporation as currently filed with the Florida Dept. of State) P22000035436 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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

 \square 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 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	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	PIOLI, MAURIZIO	5481 WILES RD STE 503
Add				COCONUT CREEK, FL 33073
X Remove				
2) Change		_		
Add				
Remove 3.) Change				
Add				-
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	·	
Add				
Remove				

Attach addit	onal sheets, if nece	nal Articles, enter c essary). (Be specifi	c)		
 					
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f an amend	ment provides for	an exchange, reclas	sification, or cance	ellation of issued sha amendment itself:	res,
provisions 1	<u>or implementing t</u> pplicable, indicate	<u>the amendment if no</u> M/4)	ot contained in the	amendment itself:	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the ameufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(valing gloup)	
11/10/202		
Dated		
Signature		
(By a C selecte	irector president or other officer = if threetors or officers have not by an incorporator = if in the hands of a receiver, trustee, or ot	ot been her court
appoin	ted fiduciary by that fiduciary)	
	ALFONSO KARAM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	