P2200035436

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER: P22000035436

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODI RONEN

Name of Contact Person

JG CONSUTLING SERVICES, LLC

Firm/ Company

5481 WILES RD STE 502

Address

COCONUT CREEK, FL 33073

City/ State and Zip Code

JODI@ACCU-TAX.TAX

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 JODI RONEN
 at (______)
 449-9709

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🗧 - 835 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 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 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2023 SEP 26 AN 11: 40

SKP GLOBAL CORP	
(Name of Corporation	ion as currently filed with the Florida Dept. of Statey: FLARY OF STATE
P22000035436	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) (
A. If amending name, enter the new name of the c	orporation:
	The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation "Corp." " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicabl (Principal office address <u>MUST BE A STREET AD</u>	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered	ered office address in Florida, enter the name of the 1 office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Cale)
<u>New Registered Agent's Signature, if changing Re</u> I hereby accept the appointment as registered agent.	gistered 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) (c), 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 = Vicc 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: PT X Change John Doe Y X Remove Mike Jones <u>X</u> Add \underline{SV} Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) 1) X Change VP INVEMA LTD UK 32 THREADNEEDLE ST LONDON _ Add UΚ Remove EC2BAY 2) ____ Change ____ Add ____ Remove 3.) ____ Change ___ Add Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ___ Remove 6) ____ Change ____ Add Remove

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(Attach additional sheets, if necessary). (Be specific)

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If an annulated to an angle and include for an angle reference or concellation of issued charast	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	
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(If not appricable, indicate SYA)	
(i) noi applicable, maicale (N/A)	
(ij noi applicable, indicale \$7/A)	<u> </u>
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The date of each amendment(s) adoption: _ date this document was signed.

Effective date if applicable:

(no more than 90 days after amendment file date)

, if other than the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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 setion 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) 09/21/23 Dated Sm ****Inth Signature (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 appointed fiduciary by that fiduciary) ALFONSO KAVOM (Typed or printed name of person signing) CEO

(Title of person signing)