Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000404857 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number: I20220000100 : (321)366-0510 : (321)366-0511 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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COR AMND/RESTATE/CORRECT OR O/D RESIGN PERSONAL FLORIDA SD CORP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

TO:18506176380 FROM:3213660511

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COVER LETTER

Division of Corp	porations		
NAME OF CORPO	RATION: PERSONAL FLOI	RIDA SD CORP	
	BER: P22000038302		
		hada di 6a Cilaa	
The enclosed Afficies	s of Amendment and fee are su	minica for tiling.	
Please return all corre	espondence concerning this ma	tter to the following:	
	CRISTIANE OLIVEIRA		
		Name of Contact Person	1
	CKO CONSULTING AND	TAX SERVICES LLC	
	<u> </u>	Firm/ Company	
	2985 AMBERSWEET PLAC	Ή.	
		Address	
	CLERMONT 34711		
		City/ State and Zip Cod	c
	CKOFINANCIALSERVICE	S@GMAIL.COM	
	E-mail address: (to be u-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
CRISTIANE OLIVE	IRA	239 at (234 7415
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fcc	□\$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)
<u>Ma</u>	iling Address	Street	Address
	endment Section		Iment Section
	vision of Corporations 2. Box 6327		on of Corporations entre of Tallahassee
	J. Box 6527 Jahassee, FL 32314	· -	N. Monroe Street, Suite 810

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Tallahassee, FL 32303

	4.	12/1/2022	10:58 AM	то: 1850617638 Сб. 4	0 FROM:3 0094041	977 7	
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				Articles of Incorpora	1100	2022 DEC -	-1 -5.
PE	ERSON	AL FLORIDA SD C	ORP			•	' PM 12 19
_			(Name of Corpo	ration as currently filed	vith the Florida		
P2	2200003	38302					
			(Du	ocument Number of Corpo	ration (if known)	· •	
		s of Incorporation: ending name, enter	the new name of th	ne corporation:			
							
							The new
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New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent

New Registered Office Address:

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

(Florida street address)

(Cin)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

1100 . 16 VOC33 ARM

, Florida

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)

Page:

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 os an Add.

X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</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			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

:	6	12/1/	2022	10:58	AM	TO: 18506176380 FROM: 32	213660511 2
F.,	If ame	nding or s	addine add	ditional Artic	cles, er	iter change(s) here:	
	(Attach	additiona	l sheets, if	necessary).	(Be s	necific)	
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F.	If an a	mendmer	nt provide:	s for an exch	ange, i	reclassification, or cancellation of issued	shares,
	<u>provi</u> (i	<u>sions tor i</u> If not appli	impiement icable, indi	ting the ame icate N/A)	nomen	t if not contained in the amendment itsel	<u>I:</u>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	HECK ONE)
■ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) r approval
	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	endment(s) was/were sufficient for approval
by	oling group)
(1	oling group)
12/01/2022 Dated	
Signature Diego	sident or other officer - if directors or officers have not been
selected, by an in	corporator - if in the hands of a receiver, trustee, or other court
appointed fiducia	ry by that fiduciary)
DIEGO A	LVES CALDEIRA
	(Typed or printed name of person signing)
P	

(Title of person signing)

12/1/2022 10:58 AM

Page:

TO:18506176380 FBOM:3213660511 H220004048573