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.

(((H22000353095 3)))



H220003530953ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146 : (305)444-4994 Fax Number : (305)328-4774

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

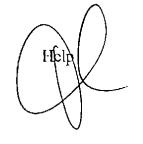
Fmail	Address:			
LIHOLE	MUUI C33.			

COR AMND/RESTATE/CORRECT OR O/D RESIGN POWERHOUSE KINGDOM ENTERPRISES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Page: 3 of 6

Articles of Amendment to Articles of Incorporation of

POWERHOUSE KINGDOM ENTERP	PRISES, CORP.		
(Name P22000038378	of Corporation as currently i	filed with the Florida Dept. of St	ste)
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 60 ts Articles of Incorporation:			ne following amendment(s) t
. If amending name, enter the new r	name of the corporation;		
ame must be distinguishable and contai 'Inc.," or Co.," or the designation " 'chartered," "professional association,	Corp. "Inc." or "Co". A n	npany," or "incorporated" or the corofessional corporation name m	The new ahbreviation "Corp" ust contain the word
Enter pew principal office address. Principal office address MUST BE A.S.	if applicable: STREET ADDRESS		122 067
			AH
Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)		99
. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office address w registered office address: MARGEND J. PALACIOS	in Florida, enter the name of th	kg
Charle Al Tress Hessieren Vasil	13831 SW 59TH ST SUITE #	100	
	(Florida street o	address)	
New Registered Office Address:	MIAMI	Florid:	33183
	(Cit	(v)	(Zip Code)
New Registered Office Address: lew Registered Agent's Signature, if elements as registered propositions as registered propositions.	(Cit hanging Registered Agent: ered agent, I am familiar with	and accept the obligations of the p	,,
heck if applicable I The amendment(s) in/arc being filed po	Signature of New Regist usuant to s. 607.0120 (11) (c), 1	,	

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: 4 of 6

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	Pi	Juhn Doe			
X Remove	<u>v</u>	Mike Jones			
<u>X</u>	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
l)Change	P	MARYI N PALACIOS	13831 SW 59TH ST		
Add			SUITE # 100	ļ 1077	
XX Remove	•		MIAMI, FL 33183	_ 6	
2) Change	VP	MATTHEW B. KRAC	13831 SW 59TH ST		
Add		•	SUITE # 100 CO	=	
XX Remove	P	MARGEND J. PALACIOS	MIAMI, FL 33183	 :	
XX Add			SUITE # 100	č	
Remove			MIAMI, FL 33183		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove				_	
Change	···-				
Add					
Remove					

amending or adding additional Artitional Artitional Artitional additional sheets, if necessary).	(Be specific)	
······································		
		ζ, ·
		. 11
		<u> </u>
		五見.
		
· · · · · · · · · · · · · · · · · · ·		
n amandment provider for an ar-a-	man mala attack and a second state of	
ovisions for implementing the amen	inge, reclassification, or cancellation of diment if not contained in the amendme	isqued shares, nt itself:
(if not applicable, indicate N/A)		
		

----- · ------

L0/13/2022		
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)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder	
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.	2022	
☐ 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 east for the amendment(s) was/were sufficient for approval		
by	98: 2 1	ďij
(voling group)	19:36 Life	
10/13/2022	6	
Dated		
Signature Land		
(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)		
MARYI N PALACIOS		
(Typed or printed name of person signing)		
P		
(Title of person signing)		
(and a promoted that		