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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section . Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: DK Decor Inc		
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are st	bmitted for filing.	
Please return all corre	espondence concerning this ma	utter to the following:	
	Kateryna Pavlenko		
		Name of Contact Perso	n
		Firm/ Company	
		Address	
	5544 PAGEANT PL. MARC	SATE, FL 33063	
	-	City/ State and Zip Cod	e
	kp8800@icloud.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, plea	se call:	
Kateryna Pavlenko		at (<u>951</u>	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	•	of	
DK DECOR INC			2023 MIG 21 PM IO.
(<u>Name</u>	of Corporation as currer	itly filed with the Florida Dep	
			APP MINI OF STA
	(Document Number	of Corporation (if known)	ावधानात्रत्रहेह, हे
cursuant to the provisions of section 607 s Articles of Incorporation:	.1006. Florida Statutes, thi	s Florida Profit Corporation a	dopts the following amendment(s
If amending name, enter the new n	ame of the corporation:		
COLD SKY TECH INC			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	lorp," "Inc," or "Co".	A professional corporation n	or the abbreviation "Corp.," name must contain the word
. Enter new principal office address,	if applicable:	7860 W Commercial Blvd	
Principal office address MUST BE A S	TREET ADDRESS)	Suite 200 #7355	
		Lauderhill, FL 33351	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7860 W Commercial Blvd	
		Suite 200 #7355	
		Lauderhill, FL 33351	
D. If amending the registered agent ar new registered agent and/or the new	d/or registered office address	dress in Florida, enter the nar	nc of the
Name of New Registered Agent	Kateryna Pavlenko		
	5544 PAGEANT PL	_	
	tFlorida s	rreet address)	<u> </u>
New Registered Office Address:	MARGATE		, Florida ³³⁰⁶³
		(City)	(Zip Code)

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.

Senature of New Registered Agent, if changing

Check if applicable

■ 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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</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 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	12 - 17 - 19 - 17
F. If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
10//4	
-	
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	loption;	, 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame efficient for approval.	endment(s)
	proved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	. "	
. =	(voting group)	
(By a diselected	rector, president or other officer – if directors or officers have ref. by an incorporator – if in the hands of a receiver, trustee, or officers by that fiduciary)	not been other court
	Kateryna Pavlenko	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: DK Decor Inc				
NAME OF CORPORATION: DK Decor Inc DOCUMENT NUMBER:					
	les of Amendment and fee are				
	rrespondence concerning this i	_			
	Kateryna Pavlenko				
	Name of Contact Person				
		Firm/ Company			
	Address 5544 PAGEANT PL. MARGATE, FL 33063				
		City/ State and Zip Coo	de		
	kp8800@icloud.com				
	E-mail address: (to be t	ised for future annual repor	t notification)		
For further informati	on concerning this matter, plea				
Kateryna Pavlenko		.951	472,5442		
Name	of Contact Person	at (<u>951</u> Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 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)		
Am Div P.O.	iling Address endment Section ision of Corporations . Box 6327 ahassee, F1, 32314	Amenda Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303		