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(Re	questor's Name)	
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3. PRATHI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KINDNESS	CORNER CORP
DOCUMENT NUMBER: P22000066045	<u>-</u>
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
CARLOS BURGOS, E	SQ.
	Name of Contact Person
BURGOS AND VAN I	
	Firm/ Company
8200 NW 41ST ST. SU	ITE 200
	Address
DORAL, FL 33166	
	City/ State and Zip Code
CBURGOS@BURGOS	SLAWGROUP.COM
E-mail address. (to	be used for future annual report notification)
For further information concerning this matter.	please call:
CARLOS BURGOS	at ()6554449
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount in	nade payable to the Florida Department of State.
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations
The Centre of Tallahassee

Division of Corporations

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

of	; f	N22
KIDNESS CORNER CORP	:	8
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
P22000066045	· · · · · · · · · · · · · · · · · · ·	9
(Document Number of Corporation (if kno	wn)	<u> </u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corpo</i> its Articles of Incorporation	250	දා ndm <u>eni</u> (s) ක
A. If amending name, enter the new name of the corporation:		
		HCW
name must he distinguishable and contain the word "corporation," "company," or "incorp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co '. A professional corpo "chartered," "professional association," or the abbreviation "P.A."	porated" or the abbreviation "Co	ro
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 <u>MAY BE A POST OFFICE BOX)</u>		_
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		
(Horida street address)		
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the ob-	oligations of the position.	
Signature of New Registered Agent, if che	niging	

Check if applicable \Box 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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	WALTERS, KAREN	13925 SW 157ST
Add			MIAMI, FL 33177
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5, Change			
Add			
Remove			
6) Change			
Add			
Remove			

FROM THE BOARI	D EFFECTIVE IMMED	IATELY.	-		
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F. <u>If an amendment</u>	provides for an exchai	nge, reclassification	on, or cancellation	of issued shares,	
<u>provisions for in</u>	nplementing the amend wable, indicate NA)	lment if not conta	ined in the amend	ment itself:	
,					
	-	_	·		

The date of each amendment(s) date this document was signed.	adoption:	if oti	her than the
Effective date if applicable:			
effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		_
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be l	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a action was not required	dopted by the incorporators, or board of directors without shareholder action and	! shareho	lder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.		
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendmentss:		
"The number of votes ca	st for the amendment(s) was/were sufficient for approval		
by		7.	2622
	(voting group)	Ē	2022 SEC 16
09/08/20: Dated_	22	, , , , ,	<u>~</u>
	Gennifer Nava		P.: 5
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)		5: 19
	YENNIFER NAVA		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		