P22000080339

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: 4K INNOVATION	N INC	<u>.</u>	
DOCUMENT NUM	P22000080339			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	JULIO G DUQUE HERNAN	NDEZ		
		Name of Contact Person	n	
	4K INNOVATION INC			
		Firm/ Company		
	5329 GLENLIVET RD			
	·····	Address		
	FORT MYERS, FL. 33907			
		City/ State and Zip Cod	e	
	4K.INNOVATION,INC@G	MAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
				5.55 5.55
For further informati	ion concerning this matter, plea	se call:		1973 Yes
JULIO G DUQUE I	IERNADEZ	at (239	271-1194	
Name	of Contact Person		de & Daytime Telephone Number	_
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:	- 1
■ \$35 Filing Fee	☐\$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)	Li
Ar Di P.0	ailing Address nendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

4K INNOVATION INC

(Name of Corpora	ation as currently filed with the Flo	orida Dept. of State)	
22000080339			
(Doct	ument Number of Corporation (if kn	own)	
ursuant to the provisions of section 607,1006, Flori s Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corp</i>	oration adopts the follow	ving amendmer
. If amending name, enter the new name of the	corporation;		
			The new
ame must be distinguishable and contain the word ' lnc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abb	ic," or "Co". A professional corp	rporated" or the abbrevion coration name must con	ution "Corp.," tain the word
Enter new principal office address, if applical			
rincipal office address <u>MUST BE A STREET Al</u>	<u>DDRESS</u>)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
. If amending the registered agent and/or regist new registered agent and/or the new registere		er the name of the	25
new registered agent and/or the new registere	rd office address.		
Name of New Registered Agent			<u></u>
			2
	(Florida street address)		— . <u>-</u>
New Registered Office Address:		, Florida	· · · · · · · ·
Test regions as office rate and	(City)	(1.	ip Code)
ew Registered Agent's Signature, if changing Rivereby accept the appointment as registered agent.		abligations of the positio	•
негелу ассері іне арронитені аз гедімегей адет.	. Тат јатина жил ала иссерств	оондиноль ој те ромно	ri,
	·····		
Sig	gnature of New Registered Agent, if c	changing	
Sig	gnature of New Registered Agent, if c	changing	

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	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALVARO J DUQUE RODRIGUEZ	5329 GLENLIVET RD
Add			FORT MYERS, FL 33907
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			9995 TU
4) Change	_,	14,504.70	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary). (Be specific)	
	_
n amendment provides for an exchange, reclassification, or cancellation of	f issued shares.
ovisions for implementing the amendment if not contained in the amendm (if not applicable, indicate N/A)	ient useu:
(3 spp	
	r
	· <u>2</u> ;
	<u>uı</u>

The date of each amendment		, if other than the
date this document was signed		, ii other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date wil he Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad 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)	
	(voling group)	
08/16 Dated	72023	
Signature	C	
(B	y'a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JULIO G DUQUE HERNANDEZ	93 x
	(Typed or printed name of person signing)	
	PRESIDENT	<i>⟨</i> €′
	(Title of person signing)	, =
		: 37
		i