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Florida Department of Sta

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COR AMND/RESTATE/CORRECT OR O/D RESIGN KKK1, CORP.

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COYER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: KKK1, CORP. DOCUMENT NUMBER: P23000016711 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KOSAREV, TIMOFEI Name of Contact Person CLARIONIX, CORP. Firm/ Company 1500 S OCEAN DR APT 12C Address HOLLYWOOD, FL 33019 City/ State and Zip Code 1104264@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KOSAREV, TIMOFEI Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 335 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Taliahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently P23000016711			
	filed with the Fiorida Dept. of State)		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new name of the corporation:			
CLARIONIX, CORP.			
ame must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new properties or the abbreviation "Corp.," professional corporation name must contain the word		
Enter new principal office address, if applicable:	1500 S OCEAN DR APT 12C		
Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33019		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1500 S OCEAN DR APT 12C		
See Adji. US. Office Box	HOLLYWOOD, FL 33019		
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent			
1500 S OCEAN DR APT 12	С		
(Florida street	address;		
New Registered Office Address: HOLLYWOOD	Florida 33019		
	(ity) Zip Code)		

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	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) $\frac{X}{}$ Change	P	KOSAREV, TIMOFEI	1500 S OCEAN DR APT 12C
Add			HOLLYWOOD, FL 33019
Remove			
2) Change			
Add			
Remove 3) Change			
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	cles, enter change(s) here: (Be specific)		
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				<u></u>
			_	
				
				
				
				**
f an amendment p	rovides for an excha	nge, reclassification, or cane	ellation of issued show	o.c
provisions for imp	lementing the amen	dment if not contained in th	e amendment itself:	<u></u>
(if not applicab	ole, indicate N/A)		ramenoment risen.	
· · · · · · · · · · · · · · · · · · ·	,			
(A 11.1-XX1.1-4.00)				
AX				
				<u></u>
			<u> </u>	

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The date of each amendment(date this document was signed.	s) adoption:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s). ast for the amendment(s) was/were sufficient for approval
bv	and the section of approval
	(voting group)
01/21/20 Dated	
Signature	Timofsi Kosarev
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	KOSAREV, TIMOFEI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)