P23000034641

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07/08/28--01004--009 **43.75

S. ROTTER TO AUG 1 0 2023

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee &

Certified Copy

enclosed)

(Additional copy is

Mailing Address

☐ \$35 Filing Fee

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

is enclosed)

(Additional Copy

Certificate of Status

Articles of Amendment to Articles of Incorporation of

KARAZ, COLD	
(Name of Corporation as currently	filed with the Florida Dept. of State)
4 23 0000 3464	·
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
IDE LOVE KARZ (DA	The new
name 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."	ompany," or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:	1451 W Coppress Cropx Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	C.: 10 26d
	<u> </u>
	17 Laudordale FL 38309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· .
	1
	. 7
	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent God S	Conanon
F201 Sou	thank Blyd, M. Louderdole F
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
Signature of New Reg	gistered 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	_Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		·
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	g additional Articles, enter change(s) here: ts, if necessary). (Be specific)
UBWE	: WELOVEKBRZ CORP
BOORESS	: 1451 W Cypress Creek Rd
	Silve 35 of sea 14
	20040 300
	ft Louderdole FL 33309
 	
l an amendment provi provisions for impleme	ides for an exchange, reclassification, or cancellation of issued shares, tenting the amendment if not contained in the amendment itself:
(if not applicable, i	indicate N/A)
	

The date of each amendment(s) adopt	on:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	te)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the a ent for approval.	mendment(s)
	d by the shareholders through voting groups. The follow voting group entitled to vote separately on the amendm	
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
selected, by	or, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, of duciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	