## P23000077411

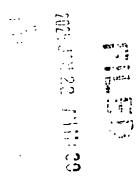
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KAKMAR CORP						
DOCUMENT NUMBER: P23000077411						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corre	spondence concerning this ma	tter to the following:				
	DONIA A. ROBERTS					
	Name of Contact Person					
	DONIA A. ROBERTS P.A.					
	Firm/ Company					
	257 S.E. DR. MARTIN LUTHER KING JR. BLVD					
	Address					
	BELLE GLADE, FLORIDA 33430					
	City/ State and Zip Code					
	ATTORNEY@DONIAROB	ERTSPA.COM				
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
DONIA A. ROBERTS		at (561-993-099	90			
Name of Contact Person		Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee  J. Monroe Street, Suite 810 ussee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current)	y filed with the Florida Dept. of State)
KAKMAR CORP	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: KAKMAR, INC.	TI
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	511 E. ELPASO AVE
(Principal office address MUST BE A STREET ADDRESS)	511 E. ELPASO AVE CLEWISTON, FL. 33440
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 364 Clewiston, Fl. 33440
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	
(Elasida et	reet address)
·	gratis
New Registered Office Address:	(City) , Florida (Zip Code) 3
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.
Signature of New R	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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	PT	John Do	<del>)C</del>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
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				·· <u>·</u>	
Add					
Remove					
5) Change		_			
Add					
Remove				•	
6) Change		_ <u>-</u>			
Add					
Remove				•	

	cles, enter change(s) here: (Be specific)
<u> </u>	
	·
	24
	<u> </u>
an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an exchinovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:

•

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	CTOBER 30, 2023	
Effective date if applicable:		
	(no more than 90 days a	fier amendment file date)
Note: If the date inserted in thi document's effective date on the		tutory filing requirements, this date will not be listed as the
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/were	adopted by the shareholders. The numbe sufficient for approval.	r of votes cast for the amendment(s)
	approved by the shareholders through vol for each voting group entitled to vote sep	
"The number of votes of	ast for the amendment(s) was/were suffic	ient for approval
by		
	(voting group)	
JANUA Dated	RY 04, 2024	
Signature	Add -	
(By	director, president or other officer - if d	
	eted, by an incorporator — if in the hands sinted fiduciary by that fiduciary)	of a receiver, trustee, or other court
	HAITHAM K KAKI	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	