P2400013475

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100433624161

07/24/24--01030--018 **43.75



COVER LETTER

TO: Amendment Section
Division of Corporations

• • • •

NAME OF CORPOR	ATION: KIMSA INC.		
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Į	DIEGO N MONTOYA HIGI	UERAS	
_		Name of Contact Persor	1
-		Firm/ Company	
8	889 NE 71ST ST		
_		Address	
1	MIAMI, FL 33138		
		City/ State and Zip Code	
1	DIEGOMONTOYA0612@C	MAIL.COM	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DIEGO N MONTOYA	HIGUERAS	at (305	588-0614
Name of	Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis P.O. 1	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

KIMSA INC.

Check if applicable

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

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
P24000013475			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A		eviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli			
(Mailing address MAY BE A POST)	OFFICE BOX)		
			202
		,	. <u>;</u>
D. If amending the registered agent an		ess in Florida, enter the name of the	124
new registered agent and/or the new			<u>.</u>
Name of New Registered Agent	DIEGO N MONTOYA HIC	GUERAS	——
	889 NE 71ST ST		· 15.
	(Florida stree	<i>O</i>	
New Registered Office Address:	MIAMI	, Florida_31	3138
	(1	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar w	ith and accept the obligations of the pos	sition.
). yoM	gistered Agent, if changing	
	Signature of New Re	gistered Agent, if 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)

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1)Change	SEC.	MARIA MONTOYA	892 NE 71ST	
Add			MIAMI, FL 33138	
X Remove				
2) X Change	<u>v</u>	IGOR MONTOYA	892 NE 71ST ST	
Add			MIAMI, FL 33138	
Remove 3) X Change	PS	DIEGO N MONTOYA HIGUERAS	889 NE 71ST ST	
Add			MIAMI, FL 33138	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ange, reclassificat	ion, or cancella	tion of issued st	iares,	
ndment if not cont	tained in the an	<u>endment itself:</u>	•	
 				
				 -
	ange, reclassificat	ange, reclassification, or cancellandment if not contained in the am	nange, reclassification, or cancellation of issued standment if not contained in the amendment itself:	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

. .

The date of each amendment(s) adoption:		, if other than the
date this document was signed.			
Effective date if applicable:	07-16-	- 2024	es after amendment file date)
	(n	o more than 90 day	s after amendment file date)
Note: If the date inserted in the document's effective date on the			statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHEC	K ONE)	
The amendment(s) was/were action was not required.	adopted by the inco	orporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were			nber of votes cast for the amendment(s)
			voting groups. The following statement separately on the amendment(s):
"The number of votes of	ast for the amendm	nent(s) was/were su	fficient for approval
by			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting	group)	
Dated 07/16/2	024		_
Signature	Dig A	И	
			if directors or officers have not been ds of a receiver, trustee, or other court
	ointed fiduciary by		ius of a receiver, trustee, or other court
	DIEGO N MO	NTOYA HIGUER	AS
	(Туг	ped or printed name	of person signing)
	PRESIDENT		
	(Titl	le of person signing	······································

•

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: KIMSA INC.			
DOCUMENT NUMBI	ER: P24000013475		N - 8 - 18 - 18	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
I	DIEGO N MONTOYA HIGI	UERAS		
-		Name of Contact Person	I	
-		Firm/ Company		
8	889 NE 71ST ST			
_	Address			
7	MIAMI, FL 33138			
		City/ State and Zip Code	:	
I	DIEGOMONTOYA0612@C	GMAIL.COM		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
DIEGO N MONTOYA	HIGUERAS	at (305	588-0614	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		