Division of Corporations Electronic Filing Cover Sheet

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(((H240001369573)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 : (305)644-3055 Fax Number : (305)644-3052

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN **ECUALOIR INC**

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	COVER LETTER
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: ECUALOIR INC	
DOCUMENT NUMBER: P24000022916	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
ENNA DIEPPA	
	Name of Contact Person
KIJOENNA SERVICES INC	
	Firm/ Company
2141 SW 1 ST SUITE 110	i
	Address
MIAM1 FL 33135	
	City/ State and Zip Code
KRISJOENNA@YAHOO.C	ом
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	se call:
ENNA DIEPPA 7864997132	
Name of Contact Person	Arca Code & Duytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fcc & Certificate of Status	S43.75 Filing Fcc & S52.50 Filing Fcc Certified Copy (Additional copy is enclosed) S52.50 Filing Fcc Certified of Status Certified Gopy (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

Articles of Amendment

to Articles of Inco	rnoration	
of	i i	
ECUALOIR INC		
(Name of Corporation as currently	filed with the Florida Dept. of Sta	te)
P24000022916		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $m{F}$ is Articles of Incorporation:	Iorida Profit Corporation adopts the	e following amendment
A. If amending name, enter the new name of the corporation:		
		The new
ume 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."	mpany," or "incorporated" or the a professional corporation name mu	bbreviation "Corp"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>	
		in S
		Im 2 4
Enter new mailing address, if applicable:		APR FI
(Mailing address MAY BE A POST OFFICE BOX)		M
		<u> </u>
 If uncoding the registered agent and/or registered office addresses new registered agent and/or the new registered office address: 	ss in Florida, enter the name of th	<u>.</u>
Name of New Registered Agent	:	
(Florida sirce	et address)	
New Registered Office Address:	, Florid	я
	City)	(Zip Code)
	·	
cw Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the	position.
Signature of New Reg	ristered Agent, I changing	
Check if applicable	0.0	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)), F.S.	

____ Add

____ Romove

address of each Office (Attach additional sheet Please note the officer/eP = President: V = Vice Executive Officer; CFO President, Treasurer, DC Changes should be note a change, Mike Jones le Mike Jones, V as Remove	r and/or I is, if neces. director tit. e Presiden = Chief F irector wo ed in the fo eaves the c	Director being added: sary) tle by the first letter of the office title: tt; T = Treasurer; S = Secretary; D = Director; Financial Officer. If an officer/director holds moved be PTD. bllowing manner. Currently John Doe is listed	officer/director being removed and title, name, and TR = Trustee; C = Chairman or Clerk; CEO = Chiefore than one title, list the first letter of each office held. as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change	PT	John Doc	:
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	<u>;</u>
Type of Action (Check One)	Title	Name	Address
l) Change	P	OSWALDO IBARRA	2310 WEST FLAGLER
Add			MIAMI FL 33135
X Remove			
2) Change	P	LUIS IBARRA	2310 WEST FLAGLER
X Add			MIAMI FL 33135
Remove 3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			

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f an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amen	n of issued	shares. f:
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The date of each amendment(s) add	04/04/2024 ption:	, if other than the
date this document was signed. 04/04/	2024	
Effective dute if applicable:	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing artment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors wi	thour shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes ca icient for approval.	st for the amendment(s)
	oved by the shareholders through voting groups, ach voting group entitled to vote separately on the	, , ,
"The number of votes cast fo	or the amendment(s) was/were sufficient for appr	oval
by	(voting group)	n i
04/04/24 Dated	is Ibaria	
selected,	ector, president or other officer – if directors or o by an incorporator – if in the hands of a receiver d fiduciary by that fiduciary)	
L	UIS IBARRA	
_	(Typed or printed name of person signi	ng)
_	(Title of person signing)	