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COR AMND/RESTATE/CORRECT OR O/D RESIGN SK HOMES INC

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	SK HOMES INC
DOCUMENT NUMBER:	P24000028785
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
LOVETTE DOBSON	
	Name of Contact Person
	Firm/ Company
17350 STATE HWY 2	249 STE 220
HOUSTON TX, 7706	Address 4
	City/ State and Zip Code
EFILE1234@INCFIL	E.COM
E-mail address: (t	o be used for future annual report notification)
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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:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of St	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 Incorporation of

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SK HOMES INC (Name of Corporation as currently filed with the Florida Dept. of State) P24000028785 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: STACI KOWALCZYK INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida__ New Registered Office Address:

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 Registered Agent, if changing

Check if applicable

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

Example:

(((H240001642703)))

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 Jones			
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		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					

famending or adding additional Art	ticles, enter change(s) here:	(((H24000164270
Attach additional sheets, if necessary).	(Be specific)	
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 		· ·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued share	<u>es.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(ij noi applicanie, indicale IVA)		
	· · · · ·	

The date of each amendment(s) adoption	on:
date this document was signed.	, ii oner than me
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) int for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	
	(voting group)
May 6th, 2024 Dated	
Signature - Maci	Marie Thowalczyk
selected, by	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
Staci	Marie Kowalczyk
	(Typed or printed name of person signing)
PRE:	SIDENT
-	(Title of person signing)