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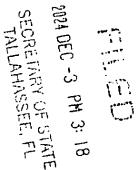
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPO	ORATION: VKMARIA SERV	ICE CORP		
DOCUMENT NUM	MBER:			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	ELIANE KLOSOWSKI			
		Name of Contact Person	1	
		Firm/ Company		
	6906 WESTMAR DR			
		Address		
	ORLANDO, FL 32819			200 SI
		City/ State and Zip Cod	e	- 75 25 TI
	victorkloswski08@gmail.cor			TALLAHASSEE.
	E-mail address: (to be us	sed for future annual report	notification)	45.77 3 P
For further informat	ion concerning this matter, plea	se call:		FILED 2024 DEC -3 PH 3: 19 SECRETARY OF STAT SECRETARY OF STAT
ELIANE KLOSOW	/SKI	at (305	331 3320	LATE 9
Nam	e of Contact Person	Area Co	de & Daytime Telephone Num	ber
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Tailing Address mendment Section		Address Iment Section	

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

VKMARIA SERVICE CORP

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

V KWAKIA SEKVICE COKI		
(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
P24000041061		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
	corporation," "company," or "incorporated" or the abbrevia c," or "Co". A professional corporation name must contreviation "P.A."	
B. Enter new principal office address, if applicable	le:	
(Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo) D. If amending the registered agent and/or registence registered agent and/or the new registered Mame of New Registered Agent	ered office address in Florida, enter the name of the	SECRETARY OF STATE
	(Florida street address)	
New Registered Office Address:	, Florida	
		p Code)
	egistered Agent: I am familiar with and accept the obligations of the position and accept the obligations of the position the position of the	<i>1</i> .
Check if applicable		

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.

Example: 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)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	P	VICTOR H KLOSOWSKI SOARES	6906 WESTMAR DR
Add			ORLANDO, FL 32819
x Remove			
2) Change			202 4 SEC
Add			2024 DEC SECRE TALLA
Remove 3) Change			AHASSE PA
Add			my w
Remove			FL FL
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change		_	
Add			
Remove			

The date of each amendment(s	adoption:	, if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date value Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	
by		
·	(voting group)	
	per 20, 2024	
Dated	·)	
Signature	C/Lin	SE 29
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	2024 DEC -3 PA SECRETARY OF TALLAHASSE
,,	ELIANE KLOSOWSKI	-3 PH
	(Typed or printed name of person signing)	iri -
	VICE PRESIDENT & LINNE Klosowski	3: 19 STATE
	(Title of person signing)	, .