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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KRISTA VICTORI	A INC			
DOCUMENT NUME	BER:				
	of Amendmens and fee are sub	omitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	DANIEL BEIRNE				
		Name of Contact Person			
	DANIEL BEIRNE INC				
		Firm/ Company			
	1441 SE 3RD CT STE 7				
		Address			
	DEERFIELD BEACH, FL. 33441				
		City/ State and Zip Code			
	UNDERAUDIT@GMAIL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
DANIEL BEIRNE		954 at (	\$49-3757		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Ameno Divisio The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

V DICT A	VICTORI.	A INTO
KRINIA	VII HURL	A INC.

KRISTA VICTORIA INC			
(Name of Corpor	ation as currently filed with th	e Florida Dept. of State)	
P24000049334			
(Doc	cument Number of Corporation (	if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit	Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
KRYSTA VICTORIA INC			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "h "chartered," "professional association," or the ab	nc," or "Co". A professional	'incorporated'' or the abbreviation corporation name must contain	on "Corp.," in the word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ible: IDDRESS)		
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		
D. If amending the registered agent and/or regi	ictored affice address in Florid	a, enter the name of the	7074 AUG
new registered agent and/or the new register	red office address:		<b>A</b>
			6-6 FIL
Name of New Registered Agent			្រា
<del></del>	(Florida street address)	<u> </u>	
	Triorium sireer dadar dassy		ë G
New Registered Office Address:	(City)	, Florida	Code)
	(0,)		
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age	nt. I am familiar with and accep	pt the obligations of the position.	
	Signature of New Registered Age	nt, if changing	<del></del>
	-		

Check if applicable

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

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)	Title	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ő) Change			
Add			
Remove			

(	ch additional sheets, if necessary). (Be specific)
ONLY	CHANGING NAME OF CORPFIRST NAMEFROM KRISTA TO KRYSTASEE??? ONLY CHANGING
FROM	AN I TO A Y.
F. <u>If s</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
<u> </u>	ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) add date this document was signed.	JULY 30, 2024 pption:		, if other than the
Effective date if applicable:			<u>.</u>
	(no more than 90 d	ays after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		le statutory filing requirements, this date	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or boa	ard of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	•	umber of votes cast for the amendment(s	)
		gh voting groups. The following statements statements is separately on the amendments.	n <i>t</i>
"The number of votes cast fo	or the amendment(s) was/were	sufficient for approval	
2 FROM KRYSTA VIC	TORIA INC	"	
by	(voting group)	·	
JULY 30, 20	224		
Dated	wsto hyl		
(By a dir	ector, president or other officer	- If directors or officers have not been	
	, by an incorporator - if in the hid fiduciary)	nands of a receiver, trustee, or other court	
фрони	Krysta T	orelle	
-	(Typed or printed na	me of person signing)	

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DOCUMENT NUMB	BER:			
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		Address	<u></u>	
	DEERFIELD BEACH, FL. 33441			
		City/ State and Zip Code		
	TO THE PROPERTY OF A STATE OF A	•		
	UNDERAUDIT@GMAIL.CO			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e calt:		
DANIEL BEIRNE		954 at (	549-3757 le & Daytime Telephone Number	
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