## P24 000 053 979

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(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

DBUST GROUP, INC	
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mitted for filing.	
ter to the following:	
Name of Contact Persor	1
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rittiv Company	
ITE 275	
Address	
DA. 33432	
City/ State and Zip Code	
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e call:	
054	) E00 070E
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ayable to the Florida Depa	artment of State:
□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	≥ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address
	ment Section
Division of Corporations The Centre of Tallahassee	
	N. Monroe Street, Suite 810
	mitted for filing. er to the following:  Name of Contact Person GROUP, INC Firm/ Company ITE 275 Address  DA. 33432 City/ State and Zip Code om ed for future annual report e call:  at ( 954 Area Cod ayable to the Florida Depa  S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Street Amend Divisio The Cod

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

KAMPURA ROBUST GROUP, INC. (Name of Corporation as currently	C filed with the Florida Dept. of State)
P24000053979	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name 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 abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	433 PLAZA REAL
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE 275
	BOCA RATON, FL. 33432
	- 00
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(mining dates some many or reserved)	P P
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	4 address)
New Registered Office Address:	(7iv) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Rey	gistered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	9, 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.

X Change	<u>PT</u>	John Doc	
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
1) Change	Р	DUCAL HAYDEN	433 PLAZA REAL
X_ Add			SUITE 275
Remove			BOCA RATON, FL. 33432
2) Change			
Add			444
Remove 3 ) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
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Remove			<del> </del>
6) Change	<del></del>		
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	or adding additional Art onal sheets, if necessary).	(Be specific)			
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an amend	ment provides for an exc.	hange, reclassificat	<u>tion, or cancellati</u>	on of issued share	<u>s.</u>
orovisions !	or implementing the amo	<u>endment if not con</u>	tained in the ame	ndment itself:	
(if not a	pplicable, indicate N/A)				
	· ·			<u> </u>	

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The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east:	or the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
Dated 09	23/2024
Signature	Dical L. Jugot
	cetor, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	DUÇAL L HAYDEN
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)