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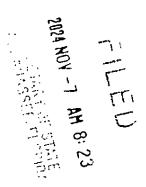
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A. RALLET. NOV 22 2024

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KNOW YOUR SE	IINE INC			
DOCUMENT NUM	P24000062584		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	YESDEL BENITEZ POSAD	)A			
		Name of Contact Persor	1		
	KNOW YOUR SHINE INC				
	Firm/ Company				
	845 W 74TH ST APT 124				
		Address			
	HIALEAH, FL 33014				
	-	City/ State and Zip Code			
	YESDELBP1989@GMAIL.	СОМ			
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas				
YESDEL BENITEZ POSADA		at (	_)		
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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

FILED 2024 NOV -7 AM 8: 23

KNOW YOUR SHINE INC

KNOW TOOK SHINE INC			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of	Corporation as currently	filed with the Florida D	ept. of State)
P24000062584		•	
· · · · · · · · · · · · · · · · · · ·	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this <i>F</i>	lorida Profit Corporation	adopts the following amendment(s)
. If amending name, enter the new name	ne of the corporation:		
			The new
ame must be distinguishable and contain to Inc.," or Co.," or the designation "Co chartered," "professional association," o	rp," "Inc." or "Co". A	ompany," or "incorporate professional corporation	rd" or the abbreviation "Corp.,"
Enter new principal office address, if	applicable:		
Principal office address <u>MUST BE A ST</u>		<del></del>	
		<del></del>	
C-4	abla.		
Enter new mailing address, if application (Mailing address MAY BE A POST O			
	·		
			·
	/an maniment affine addu	aga in Clouida, antau tha	name of the
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>		ess in Piorida, enter the	name of the
	YESDEL BENITEZ PO	SADA	
Name of New Registered Agent	- LODGE DENTILE TO		
_			
	(Florida stre	et address)	
New Registered Office Address:			. Florida
	(1	City)	(Zip Code)
ew Registered Agent's Signature, if cha	anging Registered Agent:		
hereby accept the appointment as register		ith and accept the obligat	ions of the position.
	, , , , , , , , , , , , , , , , , , ,		
	Signature of New Re	gistered Agent, if changin	gg
Theck if annlicable			

☐ The amendment(s) is/arc 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)

Example:

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 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>	Address	
1) X Change	PRE	YEADEL BENITEZ POSADA	845 W 74TH ST HIALEAH, FL 33014	
X Add				
Remove		Made IV. Have IV. 1900 i. D. 1		
2) Change	PRE	YESDEL BENITEZ POSADA	845 W 74TH ST HIALEAH, FL 33014	
Add		·		
Remove 3) Change				
Add			-	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Art tach additional sheets, if necessary),	(Be specific)			
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f an amundment provides for an exc	hange reclassificat	ion or cancellation o	fissued shares	
f an amendment provides for an exc	hange, reclassificat	ion, or cancellation o	f issued shares,	
provisions for implementing the amo	hange, reclassificat	ion, or cancellation o ained in the amendm	f issued shares, lent itself:	
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The date of each amendment(s) a	doption:	if other than the
date this document was signed.	17/2024	
Effective date if applicable:		<u> </u>
	(no more than 90 days	after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st		ber of votes cast for the amendment(s)
	proved by the shareholders through veach voting group entitled to vote s	voting groups. The following statement eparately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were suf	icient for approval
hy	(voting group)	
	(voting group)	
10/17/202- Dated		-
	- 100	
selecte	irector, president or other officer – i d, by an incorporator – if in the hand ted fiduciary by that fiduciary)	f directors or officers have not been is of a receiver, trustee, or other court
	YESDEL BENITEZ POSADA	
	(Typed or printed name	of person signing)
	PRE	
	(Title of person signing)	