P2400062584

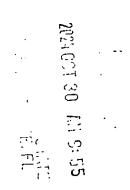
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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10/30/24--01021--020 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KNOW YOUR SE	IINE INC		
DOCUMENT NUM	BER:			
	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 Person	n	
	KNOW YOUR SHINE INC			
		Firm/ Company		
	845 W 74TH ST APT 124			
	-	Address		
	HIALEAH, FL 33014			
		City/ State and Zip Cod	e	
	YESDELBP1989@GMAIL.	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call: 979 at (2197078	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 i	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

KNOW YOUR SHINE INC		2011 007 00	***
(Name of Corporation as curre	ently filed with the Florida Dept.	of State)	र्माति प्रेश्ति
P24000062584		N	
(Document Number	er of Corporation (if known)	1,, 4, 2,	EE, FL
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation add	opts the following amo	endment(s) to
A. If amending name, enter the new name of the corporation	Ē		
		The	new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	. A professional corporation na	r the abbreviation "C me must contain the	orp.," word
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 a new registered agent and/or the new registered office addi		e of the	
	(23)		
Name of New Registered Agent			
(Florida	ı street address)		
New Registered Office Address:		Florida	
New Registerea Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obligations	of the position.	
Signature of New	w Registered Agent, if changing		
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)

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	$\underline{\mathbf{Y}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PRE	YEADEL BENITEZ POSADA	845 W 74TH ST HIALEAH, FL 33014
X Add			
Remove			
2) Change	PRE	YESDEL BENITEZ POSADA	845 W 74TH ST HIALEAH, FL 33014
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			-
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
11	
111-111-11	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

	t(s) adoption;	, if other than the
date this document was signed		
Effective date if applicable:	10/17/2024	
	(no more than 90 days after amendment fil	e date)
	this block does not meet the applicable statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for ere sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The first for each voting group entitled to vote separately on the ame	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
10/17 Dated	/2024	
Signature	~ 0 l	
Signature (B	y a director, president or other officer – if directors or officers	have not been
SC	elected, by an incorporator - if in the hands of a receiver, trust	
aj	ppointed fiduciary by that fiduciary)	
	YESDEL BENITEZ POSADA	
	(Typed or printed name of person signing)	
	PRE	
	(Title of person signing)	