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Mark

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KEMKON PROPERTIES INC.
DOCUMENT NUMBER: PO 36000 153 35
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK CON RAD (Name of Contact Person)
(Name of Contact Person)
KEMKON PROPERTIES INC
(Firm/ Company)
2190 /BIS ISCE RO. #6
(Address) Pam Beaz 4 FL 33480 (City/ State and Zip Code)
For further information concerning this matter, please call:
Manu Connap at (561) 512 -7637 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Substitute Certificate of Status Certificate of Status Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

·			PERTIES	/ 14 C.
	Name of corporati	ion as currently filed with the	ne Florida Dept. of State)	
	P	03000015	335	
	(Docu	ment number of corporation	n (if known)	,
rsuant to the provision	ons of section (507.1006. Florida Statu	ites, this <i>Florida Profit</i>	Corporation
		its Articles of Incorpo		CAR TA
TW CORPORATE	NIARATE CE. L			# F 30
EW CORPORATE	NAME (II CDS	inging):	,	23.50 CX CO
<u> </u>		<u> </u>		
fust contain the word "co	rporation," "comp	pany," or "incorporated" or to word "chartered", "professi	the abbreviation "Corp.," "In ional association," or the abb	c.," or "Co")
				. 7
MENDMENTS AD	<u>OPTED</u> - (OTI	HER THAN NAME C	CHANGE) Indicate Arti	icle Number(s)
id/or Article litle(s)	being amended	, added or deleted: (BE	SPECIFIC)	
PLEASE	ADD T	FOLLOWING	PERSON	<u>4-5</u>
<u>.</u>			_	
OFFICER	<u> </u>	E PRESIDE	- N 1 /	
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	ROBER	T H. C	CICCONE	·
<u>'i</u>	201	FLAGLER	LANE	
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the state of the s	<u> </u>		,	· · · ·
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		Attach additional pages if ne	ecessary)	*
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fan amendment provi			cancellation of issued sl	nares, provisio
or implementing the a	mendment if n	ot contained in the ame	endment itself: (if not app	licable, indicate l
				
· · · · · · · · · · · · · · · · · · ·				
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(continued)

The date of each amendment	(s) adoption: 4·27·07
Effective date if <u>applicable</u> : _	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action ion was not required.
The amendment(s) shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.
(By a d select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) Mark KK. Comman (Typed or printed name of person signing)
	(Title of person signing)

FILING FEE: \$35