

P0400006 52928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

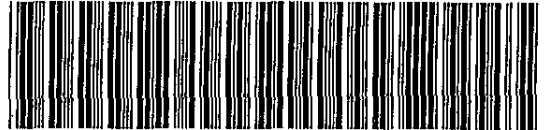
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000039476520

07/26/04--01008--029 **35.00

FILED
04 JUL 29 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS/b9/04

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: KEJMA SERVICES INC.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEISHA DAVIS
(Name of Contact Person)

KEJMA SERVICES INC.
(Firm/ Company)

5200 NW 31ST AVE. #101
(Address)

FOLT LAUDERDALE FL. 33309
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

KEISHA DAVIS at (954) 733-9430
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

KESMA SERVICES Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 29 AM 11:37

FILED

NEW CORPORATE NAME (if changing):

KARMA SERVICES Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ADDRESS: P.O. Box 8076 FORT LAUDERDALE
FL. 33310 (BROWARD COUNTY)

PRINCIPAL ACTIVITY: BUILDING REPAIR & MAINTENANCE
(OTHER)

MERCHANDISE SOLD: REPAIR SERVICES

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 7/22/04

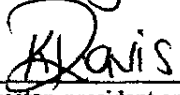
Effective date if applicable: 7/22/04
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 22 day of July, 2004.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KEISHA DAVIS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35

FILED
04 JUL 29 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA