P11000105001

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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Amend Mame

COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

_ Division of Corperations NAME OF CORPORATION: KUMLAWFI, INC DOCUMENT NUMBER: P11000105601 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAUNTA A PETERSON Name of Contact Person KUMLAWFI, INC Firm/ Company 2638 BERMUDA LAKE DR 304 Address BRANDON, FL 33510 City/ State and Zip Code gfoxx3699@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAUNTA A PETERSON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2012

DAUNTA A. PETERSON 2ND MAILING KUMLAWFI, INC POST OFFICE BOX 310275 TAMPA, FL 33680

SUBJECT: KUMLAWFI, INC Ref. Number: P11000105601

We have received your document for KUMLAWFI, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000082331 - KUMLAWDI LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 612A00013053



May 1, 2012

DAUNTA A. PETERSON KUMLAWFI, INC 2638 BERMUDA LAKE DR 304 BRANDON, FL 33510

SUBJECT: KUMLAWFI, INC Ref. Number: P11000105601

We have received your document for KUMLAWFI, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 612A00013053

Daunta Peterson

Managing Member 12916 Santuary Cove Dr MB 2135 Temple Terrace, FL 33637 (813) 541-4307

July 13, 2012

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: KUMLAWDI, Inc.

Please be advised that I was the owner of both business, and would like to keep only KUMLAWDI, Inc.

Sincerely,

Daunta Peterson

Managing Member

Articles of Amendment to Articles of Incorporation of



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| (Name of Corporation as currently filed with | the Florida Dept. of State) |
|---|---|
| P11000105601 | Tine Florida Bept. of State) |
| (Document Number of Corpora | ation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: | s, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporati | on: |
| KUMLAWDI, INC | The new |
| | poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 18002 RICHMOND PL DR |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | SUITE 2716 |
| ••· | TAMPA, FL 33647 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO BOX 310275 |
| | Tampa, FL 33680 |
| | |
| D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a | |
| Name of New Registered Agent | |
| 12916 Sand | ctuary Cove Dr |
| (Flo | rida street address) |
| New Registered Office Address: Temple Ter | race , Florida 33617 |
| +: | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fait | Agent: miliar with and accept the obligations of the position. |
| Signature of New Regis | stered Agent, if changing |

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.

| Example: X Change | PT. John Doe | |
|----------------------------|--------------------------|-----------------|
| X Remove | V Mike Jones | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | | |
| 2) Change Add Remove | | |
| 3) Change Add Remove | | |
| 4) Change Add Remove | | |
| 5) Change Add Remove | | |
| 6) Change Add Remove | | |

| f amending or adding additional Artic attach additional sheets, if necessary). | (Be specific) | , , , , , , , , , , , , , , , , , , , | | |
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| f an amendment provides for an exch provisions for implementing the ame | ange, reclassitica | tion, or cancellar tained in the am | <u>endment itself:</u> | iares, |
| (if not applicable, indicate N/A) | | | | |
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| The date of each amendment(s) ac | 4. 19.12 |
|---|--|
| Effective date if applicable: | 4-19-12 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were ado by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| | proved by the shareholders through voting groups. The following statement 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) |
| | (voting group) |
| action was not required. The amendment(s) was/were add | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder |
| action was not required. | |
| Dated 04/19/2 | 2012 |
| (By a d selected | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| | DAUNTA A PETERSON |
| | (Typed or printed name of person signing) |
| | PRESIDENT |

(Title of person signing)