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Amend

JAN 12 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: KEF INVESTMEN	NTS CORP			
DOCUMENT NUME	O15000005700				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ESTER CHALOUH				
	· · ·	Name of Contact Person	1		
	KEF INVESTMENTS CORI	P			
		Firm/ Company			
	2501 SOUTH OCEAN DR - UNIT 837				
		Address			
	HOLLYWOOD FL 33019				
•		City/ State and Zip Cod	e		
clave	syarchivos@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:	8010648		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
	r the following amount made				
S35 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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

KEF INVESTMENTS CORP	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000005709	•
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	F-2
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 addressive registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
Name of New Registered Agem	
(Florida stree	et address)
New Registered Office Address:	. Florida
New Registered Office Address.	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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)

Pleas: 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PTD		ESTER CHALOUH	2501 SOUTH OCEAN DR
X Add				HOLLYWOOD - FL - 33019
Remove				
2) Change		·		
Add				
Remove		·		
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

				
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^- 			<u> </u>	<u> </u>
			<u>.</u>	

an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification	, or cancellation o	f issued shares, ent itself:	
		<u> </u>		
···				

	01/04/2016	
The date of each amendment(s		, if other than the
date this document was signed.		
Tree-in the second	1/05/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man so any any an amenantimy to anticy	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
01/04/20 Dated	016	
Signature	FLES	
(By selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	ESTER CHALOUH	
	(Typed or printed name of person signing)	
	PRESIDENT .	
	(Title of person signing)	