Florida Department of State

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OCT 2 6 2015

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COVER LETTER

TO: Amendment Secti Division of Corpo		•
		INVESTMENTS CORP
DOCUMENT NUMB	er: <u>P 15 00</u>	0000 5 709
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.
Please return all corres	pondence concerning this ma	-
	INAK! S	Name of Contact Person (a/b) 100a, 55g. P, 14. Firm/ Company
		Name of Contact Person
	Inakı Saiz	arbitona, Esq. P.A.
		Firm/ Company
	21 S.W. 15	Rd. Suite 200
		Addios
_	MIGNNI, F	FL 33129 City/ State and Zip Code
•		City/ State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further information	concerning this matter, pleas	se call:
	Olga	at (305) 374-4106 Area Code & Daytime Telephone Number
Name o	f Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for		payable to the Florida Department of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address odment Section ion of Corporations Box 6327 hassee, FL 32314	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H 16000 265419 3

Articles of Amendment to Articles of Incorporation of

KEF IN	VESTMENTS CO	orp.			
(Nai	ne of Corporation as current	ly filed with the Florida De	prt. of State)		
P	15000005709			•	
		f Corporation (if known)			
Pursuant to the provisions of section 6 its Articles of Incorporation:	507.1006. Florida Statutes, this	Florida Profit Corporation	adopts the following	ig amendine	nt(s) to
•					2
A. If amending name, enter the nev	v name of the corporation:	•			=======================================
				The new	Ĭ
name must be distinguishable and	contain the word "corporatio	n." "company," or "Incor	parated" or the a	bbreviation	25
"Corp" "Inc.," or Co.," or the del word "chartered," "professional asso	signation "Corp," "Inc," or " ociation" or the obbreviation "	'Co''. A professional corpe 'PA'''	oration name must	contain the	
					PH IO:
B. Enter new principal office addre (Principal office address <u>MUST BE</u> .	ss, if applicable:	<u> </u>		<u> </u>	ö
(x reaction office against 18001 DE 1	ABIREET ADDROSS)			E S) () (
				•	
C. Enter new mailing address, if a	opticable:				
(Mailing address MAY BE A PO.	ST OFFICE BOX				
 If amending the registered agent new registered agent and/or the 	and/or registered office address	cas in Florida, enter the na	ime of the		
		<u>.</u>			
Name of New Registered Age					
	(Florida str	eet address)		-	
New Registered Office Addre	ss:		. Florida		
		(City)	(Zip (Code)	
er. we to be a second					
New Registered Agent's Signature. I I hereby accept the appointment as req	I changing Registered Agent:	i with and assume the abliques	um afsha masisian		
while a must set to	m referre a multiniam.	was concluded the confacto	na oj ine position.		
 .					
	Signature of New R	evistered 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:

(Astach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; I= 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:	<u>PT John</u>	<u>Doe</u>	
X Remove	⊻ Mike	: Jones	
bbA <u>X</u>	SV Selly	Smith	
Type of Action (Check One)	Title	Mame	Address
1)Change	P/T/D	ESTER CHALOUH	2501 S. OCEAN DR
Add			HOLLYWOOD, El. 33019
Remove			
2) Change	PISITID	MARIA ADELAIDA TRI	LLOS 2501 S. DOENNE DR.
_√ Add			SVITE C-04
Remove			HOLLY WARD, FI. 33019
3)Change			
Add			
Remove	,		
4) Change		والمنطقة التعريبية والواقعة المنطقة ال	
Add			·
Remove	•		
5),Change			
Add			,
Remove			
6)Change	-		
Add			-
Remove		,	بستان <u>دون برای برای برای برای برای برای برای برای</u>

The date of each amendment(s) adopted this document was signed.	ption:	, if other than th
Effective date if spplicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes east for the amendment icient for approval.	at(5)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	anent
	of the amendment(s) was/were stifficient for approval	
by	(voting group)	
	(vonng group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder.	lder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	,
Dated 10 ~	.14-2016	
	Te	
Signature	ector, president or other officer - if directors or officers have not bee	
	by an incorporator — if in the hands of a receiver, trustee, or other or	
	d fiduciary by that fiduciary)	•
-	(Typed or printed name of person signing)	
•	(13hor or britten partie or beigon signifia)	
_	ESTER CHALGOLL	
	(Little of nerson signing)	