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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: KOLLAMULA CO	ORPORATION				
DOCUMENT NUMBE						
	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:				
JC	SE THOMAS					
	-	Name of Contact Person	1			
Т	THOMAS & COMPANY C.P.A., P.A.					
_	·-	Firm/ Company				
97	10 STIRLING ROAD SUI	TE 101				
_	<u>-</u> .	Address	-			
Co	OOPER CITY, FL 33024					
	· <u></u>	City/ State and Zip Cod	e			
JOSECI	РА@ЈТТСРА.СОМ					
	- -	sed for future annual report	notification)			
For further information c	oncerning this matter, pleas	se call:				
JOSE THOMAS		954 at (de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	irtment of State;			
☑ \$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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

CORPOROHION KOLLAMULA CORPORATION

(Name of Corporation	as currently filed with the Florida Dept. of State)	
P16000013066		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	catutes, this Florida Profit Corporation adopts the following amendments	(s) to
A. If amending name, enter the new name of the corpo	oration:	
KOLLAMULLA CORPORATION	The new	
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	ESS)	
	20	
		П
C. Enter new mailing address, if applicable:	N/A SE SE SE	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		Tī
	- 10. The state of	$\dot{-}$
	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office adoress in Florida, enter the name of the	
Name of New Registered Agent N/A		
	(Florada street address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe	ered Agent	
I hereby accept the appointment as registered agent. Tai	m familiar with and accept the obligations of the position.	
Signatur	re of New Registered 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	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			,_
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

o. <u>11 anie</u> (Anach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	additional sneets, if necessary). (Be specific)
N/A	
	<u> </u>
	-
	· · · · · · · · · · · · · · · · · · ·
	
F. <u>If an a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>p</u> rovi	sions for implementing the amendment if not contained in the amendment itself:
()	f not applicable, indicate N/A)
N/A	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Dated	
Dated	
(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)	
JOSE THOMAS	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)