P12000096573

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BIVISION OF CORPORATIONS

FEB 23 2017 C NONAIR

COVER LETTER

TO: Amendment Section **Division of Corporations** 11401 NW 89 STREET INC. NAME OF CORPORATION: P12000096573 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ERIKA HERNANDEZ** Name of Contact Person CORP SRVCS BY BETMOR INTL Firm/ Company 1000 PONCE DE LEON BLVD , SUITE 303 Address CORAL GABLES, FL 33134 City/ State and Zip Code BETMOR.ARLEEN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARLEEN BETANCOURT 305 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■\$**43.75 Filing Fee & S35 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) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



11401 NW 89 STREET INC	6
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000096573	
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi Incorporation:	is corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
K & E INT'L GROUP INC	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	20206 INDIAN ROSEWOOD DR
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA FLORIDA 33647
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20206 INDIAN ROSEWOOD DR
	TAMPA. FLORIDA 33647
D. If amending the registered agent and/or registered office ade	dress in Florida, enter the name of the
new registered agent and/or the new registered office address RAY HERNANDEZ Name of New Registered Agent	<u>355:</u>
2013 MORNING STAI	R DRIVE
(Florida	street address)
New Registered Office Address: CLERMONT,	, Florida
New Registered Office Address. (Cit	(y) (Zip Code)
New Registered Agent's Signature, it changing Registered Agent I hereby accept the appointment at registered agent I am familian Signature of New Registered	r with and accept the obligations of the position.

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 hold. 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.

X Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u> P D</u>	ERIKA HERNANDEZ	20206 INDIAN ROSEWOOD
X Add			TAMPA. FL 33647
Remove			
2) Change	<u>IS</u>	RAMON HERNANDEZ III	2013 MORNING STAR DR
XAdd			CLERMONT, FL 34714-6892
Remove			
3) Change			
Add			
Remove			
4) Change	· · · · ·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

G. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
		(De specific)			
N/A					
_					
		· • • • • • • • • • • • • • • • • • • •			
					
	· · · · · · · · · · · · · · · · · · ·				
н. ј	If an amendment provides for an exchan-	ge, reclassification, or cancellation of issued shares,			
	provisions for implementing the amenda	nent if not contained in the amendment itself:			
	(if not applicable, indicate N/A)				
N/A	· · · · · · · · · · · · · · · · · · ·				

. . . .

The date of each amendment(s) adoption:		
Effective date if applicable:		
Enterive date it appreads.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
DatedSignature	02/14/2017	
(By a di	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator if it the hands of a receiver, trustee, or other court ed liduciary by that fiduciary)	
	ERIKA HERNANDEZ	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	