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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION

NAME OF CORPORATION: KAMERI'NE TREMOIN PA							
DOCUMENT NUMBER:							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Name of Contact Person							
Firm/ Company							
11924 Forest Hill Blvd, Suite 10A-149							
City/, State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Contact Person at (508) 939-0183 Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)							
Mailing Address Street Address							

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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Articles of	of	FILED	
Kotherine	Tremain	PA 1.7 OCT -2 PH 2: 41	
(Name of Corporation as curre	ently filed with the	Florida Dept. of State)	
PISOOO/	6755	TALLABASSEL FESTIDA	
(Document Number	er of Corporation (i	f known)	
(4 44	(·		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his <i>Florida Profit</i> (Corporation adopts the following amendmen	t(s) to
A. If amending name, enter the new name of the corporation:	:		
Vallagein Wolde	·		
A CANGE LIVE AND THE AND THE	MUN PH	The new	
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," o	ation, company, or "Co" A profes	or incorporated or the appreviation signal corporation name must contain the	
word "chartered," "professional association," or the abbreviation		and the portune ration and the contain the	
	Same		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_XVIIV		
(i theipin office unitess into se the it settless into section of the section of			
C. Enter new mailing address, if applicable:	0		
(Mailing address MAY BE A POST OFFICE BOX)	Same		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi-		enter the name of the	
	14/. /d.		
Name of New Registered Agent KAMErine	Wallman_		
11924 Fran	+ HIII RIN	Suite 10A-149, Wellington, F.	ī 33
	a street address)	and 1913 111, Iveiling 10 11	
Qa		U	
New Registered Office Address: SAMQ	(City)		
	(City)	(Zip Code)	
Non-Decident Association of Control of the Control of Association			
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		the obligations of the position	
accept the application as registered agent i am jumin	was accept	and an experience of the position.	
ν ,	`		
& others Was	dman.	t, if changing	
Signature of Ne	ew Registered Agent	t, if changing	
	- (4	1 J 101 10	

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PST	Kathuine Waldman	11924 Forest Hill Blue
Add			Suite 10A-149
Remove			Wellington, FI 33414
2) Change	 		
Add			
Remove			
3)Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
NA					
<u>/ </u>	****	.			

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If an amendment provides for a	n exchange, reclas	sification, or cance	llation of issued sh	ares,	
provisions for implementing the (if not applicable, indicate in a second control of the control	<u>ie amendment if no</u> V/A)	ot contained in the	amendment itself:		
/YA	,				
<u>/ [/] </u>					
					
	- 				

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 afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	groups. The following statement attended the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	t for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sh action was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	older action and shareholder
Dated 9/20/17	
Signature Lithune (Tremain)	Valdman
(By a director, president or other officer – if dire selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	a received, in accept, or other count
Katherine (Tremain (Typed or printed name of pe) Waldman
Primer	
(Title of person s	igning)