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SECRETARY OF STATE
SHASSFEF FLORIDA

MAY 0.4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	4	
NAME OF CORPORATION: KENCO S DOCUMENT NUMBER: 591501881	SERVICES, IN	VC.
	1	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
KENT CRAWF	ORD	
	Name of Contact Person	n
KENCO SERV	ICES, INC.	
	Firm/ Company	
8098 W. 15th (Court	
	Address	
Hialeah, FL 33	014	
	City/ State and Zip Cod	e
kantarawi@amail	com	
kentcrawf@gmail.	sed for future annual report	natification)
E-man address. (to be us	sed for future amuda report	nonneation)
For further information concerning this matter, pleas	se call:	
Kent Crawford	at (305	<u>588-9443</u>
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Street	Address
Amendment Section		Iment Section
Division of Corporations P.O. Box 6327		on of Corporations Building
Tallahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida I	Dept. of State)	
591501881			
(Document Number of	of Corporation (if known)	 7
Pursuant to the provisions of section 607.1006, Floridals Articles of Incorporation:	da Statutes, this <i>Florida</i>	Profit Corporation ado	pts the following an
a. If amending name, enter the new name of the o	corporation:		
KENMAR HOLDINGS, INC	D.		The
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	ord "corporation," "co p," "Inc," or "Co". A		ated" or the abbre
B. <u>Enter new principal office address, if applicables in a principal office address</u> **Mathematical Description	<u>le:</u> ODRESS)	···	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		lorida, enter the name	of the
Name of New Registered Agent		·	
	(Florida street addre	255)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		accept the obligations	of the position.
Cionatura of A	New Registered Agent, if		

. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	•
	· · · · · · · · · · · · · · · · · · ·
If an emendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	- · · · · · · · · · · · · · · · · · · ·

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 Doe	
X Remove	<u>V</u>	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			
Add Remove			
2) Change	 :		
Add			
Remove			
3) Change			
Add Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

date this document was signed.	doption:
v	
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required. The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required. Dated April 20	2015
selecte	irector, president or other officer / if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	KENT CRAWFORD
	(Typed or printed name of person signing)
	PRESIDENT / DIRECTOR
	(Title of person signing)