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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Kelley and	Rowan Inc II	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
Jennifer R. Mauk		
Kelley and Rowan Inc	Name of Contact Person	
15321 S Dixie Hwy	Firm/ Company	
Miami, 14 33157	Address	
<del></del>	City/ State and Zip Code	
KelleyandRowanIne@	gmail.com	
E-mail address: (to	be used for future annual report n	otification)
For further information concerning this matter	r, please call:	
Jennifer R. Mauk	208 at (	724-4487
Name of Contact Person		& Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Depar	tment of State:
\$35 Filing Fee  \$35 Filing Fee  Certificate of Sta		□\$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	Division The Cen	ddress tent Section of Corporations of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Kelley and Rowan Inc II	2022 FEB 25 PH I2: 37
(Name of Corporation as current	tly filed with the Florida Deot, of State)
1.68573	SECRETARY OF STATE TALLAHASSEF, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	<u>Iress in Florida, enter the name of the</u> s:
Name of New Registered Agent	
(Florida st	rvet address)
New Registered Office Address;	, Florida
region region ran vijnee rann ess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New Is	Registered Agent, if changing
	to the man to an article
Check if applicable	

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Evample:

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.

## X Change PT John Doc X Remove V Mike Jones $\underline{X}$ Add <u>\$Y</u> Sally Smith Type of Action Address Title Name (Check One) Jennifer R. Mauk 15321 S Dixie Hwy 1) \_\_\_\_ Change Miami, 11.33157 \_\_\_ Add Remove Denis Rowan 15321 S Dixie Hwy 2) \_\_\_\_ Change Miami, Fl 33157 Add \_\_\_\_ Remove 3) \_\_\_\_ Change \_\_\_ Add Remove 4) \_\_\_\_ Change Add \_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove 6) \_\_\_\_ Change \_\_ Add \_Remove

Attach additional sheets, if necessary).	(Be specific)
<del></del>	
f an amendment provides for an exch	range, reclassification, or cancellation of issued shares.
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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	2/22/22		
The date of each amendment(s) add date this document was signed.	option:		, if other than the
Effective date if applicable:			
	(no more than 90 day:	s after amendment file date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Dep		statutory filing requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board	of directors without shareholder action and sh	archolder
The amendment(s) was/were adop by the shareholders was/were suff		ber of votes cast for the amendment(s)	
must be separately provided for e			
by	(voting group)	· · · · · · · · · · · · · · · · · · ·	
2/22/22 Dated	ector, president of other officer – i	f directors or officers have not been ds of a receiver, trustee, or other court	
-	(Typed or printed name	of person signing)	<del></del>
1	resident		

(Title of person signing)