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SECRETARY OF STATE OIVISION OF CORPORATIONS

Amend/CU3 (10 3/31/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KFL, Inc.				
DOCUMENT NUI	MBER: _N06000005185			
The enclosed Articl	es of Amendment and fee a	re submitted for filing.		
Please return all cor	respondence concerning thi	is matter to the following:		
Dr. N	lickel Anglin			
	(Name	of Contact Person)		
	(Fir	rm/ Company)		
.1304	5_SUMMERFIELD_SO.	(Address)		
.RIVI	ERVIEW_FI _33578(City/ S	tate and Zip Code)	<u>_</u>	
For further informa	tion concerning this matter,	please call:		
Gerry Acevedo, C	CPA of Contact Person)	at (<u>813</u>) <u>689-537</u> (Area Code & Daytime		
Enclosed is a check	for the following amount n	nade payable to the Florida Dep	partment of State:	
☐ \$35 Filing Fee	4 \$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	ircle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with t	he Florida Dept. of St	rate)
N06000005185 (Document Num	nber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		this Florida Not For I	Profit Corporation adopts
A. If amending name, enter the new name of	f the corporation	<u>ı:</u>	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o			corporated" or the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r new registered agent and/or the new regis			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flori	da street address)	
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			ept the obligations of the
S	Signature of New	Registered Agent, if ch	anging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres			Add Remove
			☐ Add ☐ Remove
			Add Remove
(attach addii Article VIII	g or adding additional Articles, enter chiticonal sheets, if necessary). (Be specific)	
	ation is organized and operated exc		<u>ses within the</u>
	ection 501(c)(3) of the Internal Rev	enue Code.	
Article IX			
<u>Notwithstand</u>	ding any other provision of these ar	ticles, the organization shall	not carry on
any other ac	tivities not permitted to be carried of	on by an organization exemp	t from Federal
income tax u	under section 501(c)(3) of the Interr	nal Revenue Code of 1986 (or the
correspondin	ng provision of any future United St	ates Internal Revenue law) o	or (b) by an
organization	contributions to which are deductit	ole under section 170(c)(2) o	of the Internal
Revenue Co	de of 1986 (or corresponding provi	sion of any future United Sta	ates Internal
Revenue lav	v)."		
Article X - se	ee attached language.		

Article X

Upon winding up and dissolution of this corporation after paying or adequately providing for the debts and obligations of the corporation, the remaining assets shall be distributed to a non-profit fund, foundation, or corporation which is organized and operated exclusively for charitable, educational, religious and or scientific purposes and which has established its tax exempt statues under section 501(c)(3) of the Internal Revenue Code.

The date of each amendment(s) adoption: March 25. 2009				
Effective date if applicable:	March 25. 2009			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated <u>Mar</u>	rch 25. 2009			
Signature				
(By	the chairman or vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	Dr. Mickel Anglin			
	(Typed or printed name of person signing)			
	DVT.			
	(Title of person signing)			