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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amendais Masson

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kids For Kara	ite, Inc.		<u> </u>	and the state of t
DOCUMENT NUM	BER: N08000006639				
The enclosed Articles	of Amendment and fee are su	bmitted fo	r filing.		
Please return all corre	espondence concerning this mat	tter to the	following	•	
		sia Alber		+	<u> </u>
	(Name of	f Contact 1	Person)		
	Kids F	or Karate	e, Inc.		
	(Firm	n/ Compai	ny)		
	1136 (Hardee F	Road		
<u> </u>	(Address)			
	Coral Ga	ıbles, FL	33146		
	(City/ Sta	ate and Zip	Code)		
		ert@aol			
-	E-mail address: (to be use	ed for futu	re annual	report notific	ation)
For further information	on concerning this matter, pleas	se call:			
Isia Albert	•	at (305), 318-652	27
	of Contact Person)		(Area (— <i>/</i> ———	me Telephone Number)
Enclosed is a check for	or the following amount made	payable to	the Flori	da Departmen	t of State:
_]\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filir fied Copy litional co osed)	,	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address			Address	
	idment Section ion of Corporations			lment Section on of Corporati	ons
	Box 6327			Building	
	nassee, FL 32314			xecutive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of	
Kids For	· Karate, Inc.	State)
	tly filed with the Florida Dept. of	State)
N0800	00006639	
	er of Corporation (if known)	
rsuant to the provisions of section 617.1006, Flee following amendment(s) to its Articles of Income		Profit Corporation ad
If amending name, enter the new name of t	he corporation:	
ne new name must be distinguishable and con breviation "Corp." or "Inc." <u>"Company" or "</u>		
Enter new principal office address, if applications of the second of the		······································
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
		,
If amending the registered agent and/or reg	gistered office address in Florida,	enter the name of the
. If amending the registered agent and/or registered agent and/or the new register		enter the name of the
		enter the name of the
		enter the name of the
Name of New Registered Agent:	ered office address:	enter the name of the , Florida

Page 1 of 3

Signature of New Registered Agent, if changing

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.	Natalie Albert	1136 Hardee Road	🗵 Add
		Coral Gables, FL 33146	
Pres.	Isia Albert	1136 Hardee Road	
		Coral Gables, FL 33146	
	nding or adding additional Article additional sheets, if necessary).		
	· · · · · · · · · · · · · · · · · · ·		<u>,,, , , , , , , , , , , , , , , , , , </u>
			······································
			· · · · · · · · · · · · · · · · · · ·
			<u></u>
 			
**			

The date of each amendment	t(s) adoption: 9/25/2009
. • Effective date <u>if applicable</u> :	(date of adoption is required)
· · · · · · · · · · · · · · · · · · ·	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or nadopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_9/25	
Signature	Dia albert
hav	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Tsia Albert (Typed or printed name of person signing)
	Treasurer, Director (Title of person signing)

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