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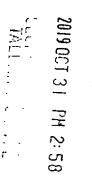
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COVER LETTER

TO: Amendment Section Division of Corporations

KLC EMPLO NAME OF CORPORATION:	YEE EMERGENCY FUNI	D, INC.	<u> </u>
N17000010076 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for tiling.		
Please return all correspondence concerning thi	s matter to the following:		
KIMBERLY CAMPBELL			
	(Name of Contact Po	erson)	
KENNY LEIGH & ASSOCIATES			
	(Firm/ Company	y)	
414 OLD HARD ROAD, SUITE 201			
	(Address)		
FLEMING ISLAND, FL 32003			
	(City/ State and Zip	Code)	
MJOHNSON@KLEIGHLAW.COM			
E-mail address: (to b	oe used for future annual rep	ort notification	n)
For further information concerning this matter,	please call:		
KIMBERLY CAMPBELL	at	904	541-1252
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida I	Department of	State:
\$35 Filing Fee \$43.75 Filing 1 Certificate of S	Fee & S43.75 Filing Fee Status Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee Jeate of Status Jed Copy tional Copy is Dosed)
Mailing Address Amendment Section		reet Address mendment Sect	ion

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 to Articles of Incorporation of

KLC EMPLOYEE EMERGENCY FUND, INC.

(Name of Corporation as curre	ntly filed with the Flori	ida Dept. of State)
N17000010076		
(Document Num	ber of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	or the abbreviation "Corp." or "Inc." c: 8
B. Enter new principal office address, if applicable:		19
(Principal office address MUST BE A STREET ADDRESS	<u>(</u>)	
		- C.
		, -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- r
(Mailing dadress MAT BE A POST OFFICE BOX)		· (
	-	
D. If amending the registered agent and/or registered off	fice address in Florida,	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
	(Fla	oridu street address)
New Registered Office Address:	·	,
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		the obligations of the position.
	Signature of New Regista	ered 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)

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 X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	MELISSA JOHNSON	7596 WEST OSCEOLA COURT
X Add			KEYSTONE HEIGHTS, FL
Remove			32656
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addition (attach additional sheets, if necess	sary). (Be specif	îc)		
			·	
				 <u> </u>

	10/01/2019	
The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 10/28/2019		
	buly Campbelli	
have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
KIMBE	RLY CAMPBELL	
	(Typed or printed name of person signing)	
DIRECT	OR	
	(Title of person signing)	