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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: $KFHA$	oferation To	URNAROUNI
DOCUMENT NUMBER: N 93000	002543	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Miles N (Name of C	1055 Contact Person)	
PRESIDENT (Firm/		
12900 5W	8457 Idress)	
MIAMI (City/ State		83
SUNSETPARK@ E-mail address: (to be used	BELLSOUTH. A	net-
For further information concerning this matter, please	calt:	
ELNA EPPERSON (Name of Contact Person)	at (305) 273-9 (Area Code & Daytime	Yo70 Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of	State:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{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	Street Address Amendment Section Division of Corporations Clifton Building	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

KFHA OPERATION TURNAROU (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11766 SW 135 PL
·	11766 SW 135 PL MIAMILEL 33186
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent: ELNA	EPPERSON
New Registered Office Address: (Flori	da street address)
MIA	$\frac{1}{1}$ $\frac{1}$
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am	
position. Signature of New	Do

Page 1 of 3

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
tre <u>asur</u> er	ELWR EPPERSON	11766 5 W 135 PL MIAIFL 33/86	☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. If amendin	g or adding additional Articles, enter c	hange(s) here:	
(attach addi	tional sheets, if necessary). (Be specific	ジ 	

The date of each amendment(s) adoption: 6 (24/26/0
Effective date if applicable: 6/24/26/0
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 6/24/2010
Signature JUM5 MBM
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)
MICES E MOSS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)