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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 2 2 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Kosenbaum **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: lowing. Firm/ Combany Address JUNKCOS 101 @ Jahou. Com JE-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fce Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	oration as currently fi	ed with the Florida	Dent of State		
^	00031860	eu with the rioriua	Dept. Vi State		
	Ocument Number of Co	rnoration (if known)			····
tursuant to the provisions of section 607.1006, Fl s Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporatio	on adopts the fo	llowing ame	endment(s)
. If amending name, enter the new name of the	ne corporation;				
				The	new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co	'. A professional coi			
s. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>					
	-				
	-				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>(</u> BOX)				
	-			.	<u> </u>
. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address red office address:	in Florida, enter the	name of the		
Name of New Registered Agent					₽€co
				5i	LCC LCCC LCCC LCCC LCCC LCCC LCCC LCCC
	(Florida street d	address)			2. 2. 3. 3.
May Pagistanad Office Address:		•	F12.4 -	õ	SS 5
New Registered Office Address:	(Cit	y)	, Florida	(Zip Göde)	===
				မ်ာ	. 's 938
				25	10 X
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: ont. I am familiar with	and accept the oblige	ations of the pos	ition.	
					•
	Signature of New Regis	tered Agent if chang	ina		

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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	1	∇	Donna Rosenbaum	14409 29th Rd
_X Add				Lake City, FL
Remove				32024
2) Change	T	-	Veronica Rosenbaum	14409 29th 2d
X Add				lake City FL
Remove				32024
3) Change		_		
Add				
Remove				
4) Change		_		TALLAN 15 Juli
Add				2 NA
Remove				
5) Change		_		3: 24 3: 24
Add				
Remove				
6) Change		_	**************************************	
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
		
		<u>. </u>
		
		
		
		— IAC
	<u> </u>	H.A.H.
	20	(0) (0)
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	PH 3:	1.7
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	: 24	ORIDA
P-34 Shares		
V - 33 Shares		
T- 33 stares	 -	
		

The date of each amendment(s) adoption:late this document was signed	, if other than t
•	
Effective date <u>if applicable</u> : 7-16-15 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	l not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SE
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	E SONE FILE
Dated 07-16-2015	
Signature	STAI
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	T DE
Charles Rosenbaum (Typed or printed name of person signing)	
(1) per or person signing)	
Tresident (Title of person signing)	