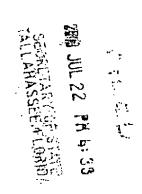
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(кеді	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	iling Officer:	





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#### **COVER LETTER**

<u>COVER LETTER</u>	£.
TO: Amendment Section Division of Corporations	W12
NAME OF CORPORATION: EKG ENTERPRISES INC  DOCUMENT NUMBER: P0300002136	
DOCUMENT NUMBER.	(A)
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kathler Gushwa Name of Contact Person	
EKG ENTERPRISES INC	
···	
14422 PINE CONE TRAIL Address	
CLERMONT FC 34711  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at 407, 492-5693  Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee & Certified Copy (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 Circle Tallahassee, Fl. 32301

#### **Articles of Amendment**

### Articles of Incorporation

## EKG ENTERPRISES, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P03000002136
(Document Number of Corporation (if known)

ncorporation:	
1. If amending name, enter the new name of the corporation:	T/
ame must be distinguishable and contain the word "corporati "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
If amending the registered agent and/or registered office ad-	
Name of New Registered Agent    Y   Y   Y   Y   Y   Y   Y   Y   Y	- KATKET M GOSHW PINE CONE TRAIC street address)
New Registered Office Address: (Ci.	CLEATOR, Florida FC 347 41 (v) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia    Cerror	r with and accept the obligations of the position.

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	PT Joh	п Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	$\overline{V}$	EDWARD A GUSHUA	14422 PINE CONE Trail
Add			14472 PINE CONE Trail CLERITONT FL34711
Remove			·
2) Change	P.S.T	KATHLEEN M GUSHWA	CLERTION FLBYNI
Remove			
3 ) Change		<del></del> ,	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

_	If amending or adding additional Articles, enter change(s) here:
	(Attach daariphat sheets, if necessary). (Be specific)
	v/A
_	
_	
_	
_	
	, <del></del>
_	
_	
	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	NA

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no move than 90 days after amendment file date)	if other than the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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"  (roting group)	
(+oting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
Dated	
Signature  (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)	_
(Typed or printed name of person signing)	-
PRESIDENT (Title of person signing)	_