P03000022433

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Kentwo	ood at Broward	
DOCUMENT NUMBER: P0300002	22433	
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning t	this matter to the following:	
Lance Fein		
	Name of Contact Perso	n
Baron Von M	anagement and Cor	nsulting
	Firm/ Company	
4650 SW 61s	st Ave - Suite 1	
	Address	
Davie, FL 33	314	
	City/ State and Zip Cod	e
Lfein@kentwood	prep.com	
—	o be used for future annual report	notification)
For further information concerning this matter	r, please call:	
Lance Fein	at(954	, 581 8222
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED.

Kentwood at Broward Inc.

2014 SEP 24 PM 3: 24

(Name of Corporation as currently filed with the Florida Dept. of State) P03000022433 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida, (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Adrian Thomas	
Add Remove			
2) Change	T	Gary Fein	
Add			
Remove 3) Change	<u>T</u>	Nicole Brunnemer	4650 SW 61st Ave
Add			Davie, FL 33314
Remove 4) Change	S	Kristy Doricent	4650 SW 61st Ave
Add			Davie, FL 33314
Remove	VP	Lungtha Van Hauman	4650 SW 61st Ave
5) Change Add	<u>V F</u>	Lynette Van Heyzen	Davie, FL 33314
Remove			
6) Change			
Add			
Remove			

Macii uaamonai she	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
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f an amendment pr	ovides for an exch	ange, reclassific	ation, or cancella	tion of issued sha	res,
provisions for impl	ementing the ame	ndment if not co	ntained in the an	endment itself:	
	le, indicate N/A)				
(if not applicable					
(if not applicabl					
(if not applicabl					· -
(if not applicabl					
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(if not applicabl					
(if not applicable					

The date of each amendment(s) adoption: 09/19/2014	, if other than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	_
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" (voting group)	
(voting 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	
action was not required.	
Dated 9/18/0	
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)	
Lance Fein	
(Typed or printed name of person signing)	—.
Director	
(Title of person signing)	_