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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

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Division of Corporations

NAME OF CORPORATION: _____

P03000063832 DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nydia Menendez, Esq.

Name of Contact Person

Menendez Law Firm

Firm/ Company

2699 Stirling Road, B200

Address

Fort Lauderdale, FL 33312

City/ State and Zip Code

aamcopembrokepines@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P.O. Box 6327

Tallahassee, FL 32314

Nydia Menendez, Esq.		954 at (963-7220	SEC T	2023	
Name of Contact Person			de & Daytime Telephone Number	- ALL	3 APR	•·····
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	TAR AHZ	۲ ا ۲	1) • [
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	í OF STATE SSEE, FL	AH 8: 24	ED
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Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

in

Articles of Amendment to Articles of Incorporation of

Kaydon Enterprises, Inc.

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

P0300063832

(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:

The new 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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

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	Catherine O. Gordon		_		
	6221 NW 52 Street				
	(Florida street address)				
New Registered Office Address:	Coral Springs	. Florida 33067	- SE	2023	
	(City)	/Zip C		13 APR	8.4. in 1
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept the obligati	ons of the position.		13 AH	
	Anda		STATE E, FL	8: 24	Ü

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

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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.

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Example: <u>X</u> 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)	Title	Name	Address
1) Change	Р	Don A. Gordon	6221 NW 52 Street
Add			Coral Springs, FL 33067
X Remove			
2) Change	P.T.S	Catherine O. Gordon	6221 NW 52 Street
<u> </u>			6221 NW 52 Street Coval Springs F2 33067
Remove 3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			2023 APR SECRET
Add			
Remove			() () 🗩 (ii)
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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7. If an analysis of an electric sector is a sector if a sector of instance of instance of instance of instance	ARY OF VHASSE	Ω
F. If 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)	ű Ť	AM
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	January 5, 2022
The date of each amendment	t(s) adoption:, if other than the
date this document was signed	
	January 1, 2023
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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 _

. • • •

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(voting group)

March 29,2023 Dated Proter

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)

Catherine O. Gordon

(Typed or printed name of person signing)

SECRETIVEY OF STATE

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President

(Title of person signing)