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(1RM)

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	orations					
NAME OF CORPOR		1 CONSUL	<del></del>	-		
DOCUMENT NUME	BER: 7058	00010278	<u> </u>	-		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	ANDREW	KAPLAN				
	KAPLAZ	Name of Contact Perso	36			
	1260 E	· HALAND.	ALE BOY	BLUD ?	808	
	HALLANDA			009		
	E-mail address: (to be us	City/ State and Zip Cod	notification)	NET		
For further information	n concerning this matter, pleas	se call:				
		at 954	732.74	0年至三		
Name o	of Contact Person	Area Co	ode & Daytime Telephone Nu	ımber 🚊	-3-	
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:	$\mathcal{L}_{\perp}$ $\overline{\mathbf{o}}$	Charlesters of scalesters of s	
\$35 Filing Fee	☐\$43.75 Filing Fee & 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)	PH 2: 17		
	ling Address		Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O.	P.O. Box 6327		Clifton Building			
Talla	ahassee. FL 32314	2661 F	Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

105000						•
(Document Number	r of Corporation (if	known)				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpe	oration adopts the fo	llowing	amendm	ient(s) to
A. If amending name, enter the new name of the KAPLAJ FINA	e corporation:	FOREN	51C5, P.	<b>A</b> .,	The nev	w
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "C	o". A professiona				
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		NIA		<del></del>		»·
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )	NA		5340 	14 KOA 1	PA.
D. If amending the registered agent and/or regi		ss in Florida, ente	r the name of the	. ,	0 PH 2:	
new registered agent and/or the new register	red office address:			- 1>		
Name of New Registered Agent N	A			> > m	7	
	(Florida stree	t address)				
New Registered Office Address:			, Florida			
	(City)		(Zip Co	de)		
New Registered Agent's Signature, if changing I	Registered Agent:	·				
l hereby accept the appointment as registered agen		th and accept the o	bligations of the pos	sition.		
<u> </u>	f New Registered Ag					
Slgnature o	f New Registered Ag	ent, 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 <math>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:	DT.	Liber Day		1
X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		7 7 7 7
_X Add	<u>sv</u>	Sally Smith		. 0
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				<u> </u>
Add				
Remove				
2) Change		_	<u> </u>	·
Add			-	·
Remove				
3) Change				
∧dd				
Remove				
4) Change				
Add				<del></del>
Remove				
5) Change				<u></u>
Add Add				
Remove			<del></del>	
6) Change	· · · · · ·			
Add				
Remove				

The date of each amendment(s) adoption:	_, if other	r than th
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)		
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	OI AOM	Prince System
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Dated 111213	PH 2: 47	· Care
Signature Slew	-	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary		
(Typed or printed name of person signing)	_	
(Typed or printed name of person signing)		
PRESIDENT	<u></u>	
(Title of person signing)		