## P66000125175

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	KS INC	
DOCUMENT NUME	BER: P06000125175		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LARRY DOYLE		
		Name of Contact Person	n
	LAWRENCE G DOYLE IN	С	
		Firm/ Company	
	8209 CINNAMON LANE		
		Address	
	PORT ST LUCIE FL 34952		
		City/ State and Zip Cod	e
DOY	LEFLA@GMAIL.COM		V
<del></del>	E-mail address: (to be us	sed for future annual report	
For further information	1 concerning this matter, pleas	se call:	
	r consorming this matter, prom		
LARRY DOYLE		at (	408-0104
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	XIS43.75 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TIME SOLUTIONS, INC.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P06000125175		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
LAWRENCE G DOYLE INC	,	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on." "company," or "incorporated" or the a "Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable:	8209 CINNAMON LANE	4
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUCIE FL 34952	DCT F
	:	TO PR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8209 CINNAMON LANE	PH to 3
	PORT ST LUCIE FL 34952	<b>है</b>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent		<b></b>
(Florida s	treet address)	_
New Registered Office Address:	, Florida	
		Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt:	Code)
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 Do	<u>oe</u>	
$\underline{X}$ Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6)				
6) Change		<del>-</del>	<del></del>	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CORPORATE NAME CHANGE TO LAWRENCE G DOYLE INC
<del></del>
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)
(ij noi applicame, maicale 187A)

· ·	SEPTEMBER 29 2017	
The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	SEPTEMBER 29 2017	
Enective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
	. ,	
	his block does not meet the applicable statutory filing requirements, this da e Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(re sufficient for approval.	(,5)
	approved by the shareholders through voting groups. The following statem I for each voting group entitled to vote separately on the amendment(s):	ent
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, <u></u>	(voting group)	
action was not required.  The amendment(s) was/were	e adopted by the board of directors without shareholder action and sharehold adopted by the incorporators without shareholder action and shareholder	er
action was not required.		
	EMBER 29 2017	
	Enferces to Stant	
sel	vadirector, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	
	LAWRENCE G DOYLE	
	(Typed or printed name of person signing)	<u>=</u> <u>=</u> .
	PRESIDENT	
	(Title of person signing)	