## 707000000110

Office Use Only



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MAY 1 2 2014 C. CARROTHERS



## **COVER LETTER**

TO: Amendment Section Division of Corporations KCJ Investments Inc NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thery Nevius
Name of Contact Person Investments Firm/Company P.O. Box 1024

Address

Palm City Ft 34991

City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (954) 501-3239

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

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A	of
KCJ Investo	nents Inc 14 MAY - 1 PM 12:30
(Name of Corporation as currently file	
P07000000110	TALLAHASSEE, FLORIDA
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
Cheryl Nevius P	A. The new "corporation," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "Corp.," "Inc.," or GO.," or the designation "Corp," word "chartered," "professional association," or the a	' "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	2984 SW West lake Cercle Palm City, FL 34990
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Po. Box 1024 Palm City, Fr 34991
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address.	, Florida (City) (Zip Code)
	(Dity) (ZIP GOUE)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.
•	, , , , , , , , , , , , , , , , , , ,
Signature of Nev	v 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:

 $P = President; \ V = Vice \ President; \ \tilde{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			-
6) Change			
Add			
Remove			

. <u> f i</u> (At	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
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. <u>If</u> ;	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
,	
Effective date if applicable: April 29, 2014 (no more than 90 days after amendment file date)	<del></del>
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	
by"  (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 april 29,2014 Signature Cherel nevrus	
Signature Cherel nevrus	
(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)	
Chery Nevius (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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