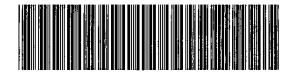
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NC News 8-11-11

COVER LETTER

TO: Amendment Section

Division of Corporat	ions		
NAME OF CORPORAT	MON: KEZE	ELE ENTERPRISES,	INC.
DOCUMENT NUMBER	u: <u>20-8</u>	(17708)	
The enclosed Articles of A	A <i>mendment</i> and fee a	re submitted for filing.	
Please return all correspon	ndence concerning this	s matter to the following:	
	JUANE L KEZEZE EÑ 134 FAIRL	KEZELE arne of Contact Person STOCKUES, TW. 1 NG TON DR Firm/ Company	
<u></u>	LAKE LAND	Address	
		ty/State and Zip Code TAMPABAY. RR. Collifor future annual report notification)	
For further information co	oncerning this matter,		
Name of Conta		Arca Code & Daytime Tel	
Enclosed is a check for the	e following amount m	ade payable to the Florida Depart	ment of State:
	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)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32	rations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment

to **Articles of Incorporation**

FILED

11 AUG -8 PH 12: 15 SECRETARY OF STATE 20-8177081
(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:

DELNICE PROFESS me must be distinguishable and contain the previation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions are must contain the word "chartered," "professions".	designation "Corp," "Inc,"	company," or "incorporated" or i or "Co". A professional corporati
Enter new principal office address, if appli incipal office address MUST BE A STREET		
meiput office uturess <u>most ble A STREET</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>—————————————————————————————————————</u>	
		lorida, enter the name of the
		lorida, enter the name of the
If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent: New Registered Office Address:		
new registered agent and/or the new regist Name of New Registered Agent:	tered office address:	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			
			
	nding or adding additional Art additional sheets, if necessary).		
provis	ions for implementing the ame	hange, reclassification, or cancella	
(if	not applicable, indicate N/A)		

The date of each amendment(s) adoption: 8/1/11
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 50 days after amenament fite date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	7/25/11
Signature	1) sagar de
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Dunne L KEZER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)