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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KADIL	HANDYMAN ENTERPRISES, INC	- 0
DOCUMENT NUMBER: P070000	)20546	_ (
The enclosed Articles of Amendment and f	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
	KADIL M. BARRUETA	
(A)	ame of Contact Person)	
	(Firm/ Company)	
	1107 FERLITA WAY (Address)	
	(Address)	
(Ci	TAMPA, FL 33619 ity/ State and Zip Code)	
For further information concerning this ma	atter, please call:	
	at ()(Area Code & Daytime Telephone Number)	_
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:	
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Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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YUUY MAR 2	•
TALL MHASSEL	OF em.
··· JSE	FLORIDA

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

P07000020546
(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: K M B IMPROVEMENTS ENTERPRISES CORP. 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. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address **Type of Action Title** Name ☐ Add □ Remove Add Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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) N/A

. . If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendmen	t(s) adoption: <u>1/01/2009</u>		
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)		
	ere adopted by the shareholders. vere sufficient for approval.	The number of votes cast for the amendment(s)	
		s through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was	were sufficient for approval	
by		n	
<del></del>	(voting group)		
action was not required.		ctors without shareholder action and shareholder without shareholder action and shareholder	
DatedSignature_	3/09/09 Hadii (a haar)		
(É se:	y a director, president or other of	officer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)	
	KADIL	M. BARRUETA	
	(Typed or printed	name of person signing)	
		PRESIDENT	
	(Title of pe	rson signing)	