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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HKM ENTE	ERPRISES, INC.			
DOCUMENT NUMBER: <u>P07000060691</u>				
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
VIOLA	MCLEARN			
(Name o	f Contact Person)			
HKM ENT	ERPRISES, INC.			
(Fire	m/ Company)	_		
813 ARL	INGTON BLVD			
	(Address)			
ALTAMONTE	SPRINGS, FL 32701			
(City/ Sta	ate and Zip Code)			
For further information concerning this matter, p	please call:			
VIOLA MCLEARN	at (407) 834-356			
(Name of Contact Person)	(Area Code & Daytime	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:				
☑ \$35 Filing Fee	□\$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 Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle		



June 14, 2007

VIOLA MCLEARN 813 ARLINGTON BLVD ALTAMONTE SPRINGS, FL 32701

SUBJECT: HKM ENTERPRISES, INC.

Ref. Number: P07000060691

We have received your document for HKM ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Letter Number: 707A00040059

Tracy Smith Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

9542525554

Articles of Amendment to Articles of Incorporation

		Of	•).
	н	KM ENTERPRIS	ES, INC.	200	ک ــــد
(Na	ms of corporation	as currently filed with	the Florida Dept. of Sta	ite) (Co.	
		P0700006069	11		20
	(Досите	nt number of corporat	ion (if known)		~2°
Pursuant to the provision adopts the following amo	s of section 607 indment(s) to its	7.1006, Florida Sta s Articles of Incon	itutes, this <i>Florida P</i> poration:	rofit Corporal	ion P
NEW CORPORATE N	AME (if chang	ánel:	-		4
Must contain the word "corporation m	ust contain the wo	ord "chartered", "profe	essional association," or i	the abbreviation ")	P.A.")
AMENDMENTS ADOI and/or Article Title(s) bc	TED- (OTHE ing amended, a	R THAN NAME dded or deleted: (I	CHANGE) Indicat BE SPECIFIC)	e Article Numb	er(s)
ARTICLE VII: OF	FICERS				
REMOVE MARK	MCLEARN	AS PRESID	ENT	· · · · · · · · · · · · · · · · · · ·	
-ADD VIOLA MCL	EARN AS I	PRESIDENT			
			· · · · · · · · · · · · · · · · · · ·		
					_
	(Atta	ch additional pages if	песеяялу)		
If an amendment provide for implementing the am					
					
	(() ·			,	
		(continued)		,	

The date of each amendment(s) adoption: Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were approved by the shareholders. The number of votes cast for the emendment(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. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By a director, president or other officer - If directors or officers have not been sciented, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FILING FEE: \$35

VIOLA MCLEARN
(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)