# P09000027523

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#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: KM Computers Solutions Corp. P09000027523 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ginset Perez Kal Conputers Solutions
Firm/Company BOD SW. Jyth OT
Address Miami FC 3314X
City/State and Zip Code Km. computers @ hotmail . com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 479-7627

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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

TO: Amendment Section

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

	of ,		d	
	· · · · · · · · · · · · · · · · · · ·	Solutions	•	
		y filed with the Florida E	jept. of State)	
<del> </del>	<u> 90000 a</u>	97523 f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this	Florida Profit Corporatio	n adopts the follow	/ing amendment(s) t
A. If amending name, enter the new name of the			<b>.</b> .	
KM Technologies name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	word "corporation orp," "Inc," or "	n," "company," or "inco Co". A professional corp	orporated" or the	abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or registered agent	istered office addi		name of the	
new registered agent and/or the new register	red office address	<u>:</u>		
Name of New Registered Agent				
<u></u>	(Florida str	reet address)		
New Registered Office Address:			, Florida	
		(City)		ip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent			tions of the position	n.
S	Signature of New F	Registered Agent, if changi	ng	

## 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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<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) Change	L	_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ado date this document was signed.		, if other than the
Effective date if applicable:	4/1/2016	
	(no more than 90 days after amendment file a	date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirent artment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the cient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followich voting group entitled to vote separately on the amend	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u>_</u>	ed by the board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were adopaction was not required.	ed by the incorporators without shareholder action and sh	hareholder
Dated 4	1/2016	
Signature(By a directed,	petor, president or other officer – if directors or officers has an incorporator if in the hands of a receiver, trustee, if fiduciary by that fiduciary)	ave not been or other court
_	Cinset Perez (Typed or printed name of person signing)	
	President	

(Title of person signing)