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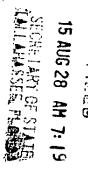
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	K LAND COMMERCIAL, INC,
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
J. LIEF ERICKSON	
	(Name of Contact Person)
WINTER PARK LAND COM	IMERCIAL, INC.
	(Firm/ Company)
122 PARK AVEUE SOUTH	
	(Address)
WINTER PARK, FL 32789	
	(City/ State and Zip Code)
LIEFERICKSON@ATT.NET	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
J. LIEF ERICKSON	321 303 5322 at
(Name of Contact Person	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

WINTER PARK LAND COMMERC	IAL, INC.		
(Name of Corporation as c	urrently filed with the Florida	Dept. of State)	
P0900008397			
(Document	Number of Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For P</i>	rofit Corporation adopts the	: following
A. If amending name, enter the new name of the cor	poration:		
			_The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable:		or the abbreviation "Corp."	or "Inc."
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
	<u></u>		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ul>	<u>d office address in Florida, en</u> ffice address:	ter the name of the	
	ince address.		
Name of New Registered Agent:			
New Registered Office Address:	(Floria	la street address)	
	(0)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	tered Agent:		
hereby accept the appointment as registered agent. 1	am familiar with and accept the	obligations of the position.	
		SEC	55
	Signature of New Registere	d Agent, if changing	FIL JUG 28

Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>1e</u>		<u>Addres</u> s
1) Change	<u>v</u>	СН	ARLES M. BOOTH		122 PARK AVENUE SOUTH
X Add					WINTER PARK, FL 32789
Remove					
2) Change				<del></del> .	
Add					
Remove					
3 ) Change			<del></del> -	<del></del> -	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		- <u></u> -			
Add					
Remove					
6) Change					
Add		<del></del>		<del></del>	
Remove				•	<del></del>

<mark>lf amending or addi</mark> attach additional she	ets, if necessary).	(Be specific)					
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	• •	AUGUST 20, 2015	
	e date of each amendment(se this document was signed.		, if other than th
Effe	ective date <u>if applicable</u> :	AUGUST 20, 2015	
		(no more than 90 days after amendment file	date)
		block does not meet the applicable statutory filing req Department of State's records.	juirements, this date will not be listed as the
Ada	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/wer was/were sufficient for app	e adopted by the members and the number of votes cas	st for the amendment(s)
	There are no members or n adopted by the board of di	embers entitled to vote on the amendment(s). The ame	endment(s) was/were
	AUGU Dated	ST 26, 2015	
	Signature	Auf Baha	
	have no	hairman or vice chairman of the board, president or other been selected, by an incorporator – if in the hands of any appointed fiduciary by that fiduciary)	
		J. LIEF ERICKSON	
		(Typed or printed name of person si	igning)
		VICE PRESIDENT	
		(Title of person signing)	)