## PD91000092429

| (Req                                    | uestor's Name)   |           |
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12/21/09--01018--022 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend 12/24/09

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| NAME OF CORPORATION: Kell MART CONNECTION Technology Senvi  |
| DOCUMENT NUMBER: PO 900092629   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| FIRM A Comment Name of Contact Person  Sunstine Accounting.  Firm/ Company  1925 F (Th ADD #2)  Address   |
| City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  |
| E-man address. (to be used for future amidal report normication)  |
| For further information concerning this matter, please call:  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| S35 Filing Fee Scrifficate of Status |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida Dent of State)  |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) ' ' Po 9000092629   |
| (Document Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:   |
| A. If amending name, enter the new name of the corporation:  |
| 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: OSANA F VAIdes LAMAS   |
| Name of New Registered Agent:  843 S W 121 AVE  (Florida street address)  (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I pum familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing  |

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    |
|--------------|--|---|-------------------|
| PD           | OSANA F VAldes LAMA  | S 843 SW 121 AVC<br>Pembrehe Pines, FL<br>33025 | Z Add ☐ Remove    |
| PD           | SORGEF MARTINEZ  | 12843 SW 175T<br>MIMMI FL 33175                 | Add Remove        |
|              |  |   | ☐ Add<br>☐ Remove |
|              | ending or adding additional Articles, enter additional sheets, if necessary). (Be specified) |   |                   |
| provi        | amendment provides for an exchange, recisions for implementing the amendment if i            |   |                   |
|              |  |   |                   |
|              |  |   |                   |
|              |  |   |                   |

| The date of each amendment(                            | s) adoption: 12-18-09  |
|--|--|
| •  | (date of adoption is required)   |
| Effective date if applicable:                          | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                               | (CHECK ONE)  |
| The amendment(s) was/were by the shareholders was/were | 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 c                                 | 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.     | e adopted by the incorporators without shareholder action and shareholder  |
| Dated/   | 2-18-09<br>D. Mayuas   |
| (By a  | director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|  | OSANA F UNIDES LAMAS  (Typed or printed name of person signing)  |
|  | (Typed or printed name of person signing)  |
|  | PRESIDENT  |
|  | (Title of person signing)  |