P11000002664

(Re	equestor's Name)			
(Ad	ddress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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	all.	30		





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11/25/13--01007--019 **43.75



COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: KESHAM + COMPANY DOCUMENT NUMBER: P 11000002664 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THAAMESH Firm/ Company RIDGE DR CORAL SPRINGS FL 33076 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thamesh Singh at 954 778 3222

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■\$43.75** Filing Fee & **□\$43.75** Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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 Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

KESHAM + COMPANY	Ine	
(Name of Corporation as currently filed with the Florie		
P11000002664		
(Document Number of Corporation (if known)	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following ar	nendment(s)
A. If amending name, enter the new name of the corporation:		
	Th	ie new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" 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)	. A professional corporation name must con	wiation tain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-	1LED 25 PH 2:38
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	in Florida, enter the name of the	
(Florida street a	address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	(Zip Code) and accept the obligations of the position.	
Signature of New Registered Age	nt, 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)

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>P</u>	Amando Sugrim	5456 NW 122nd Dr Coral Springs FL 33076
2) Change Add Remove	<u>P</u> .	Thaamesh Singh.	Dr Coral Springs FL
Change Add Remove			33076
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
•	
	•
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	A STATE OF THE STA
Salara and a salara	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(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.	
Dated 11 20-13	
Signature (By a director, precident of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
Suppointed fiduciary by that fiduciary) Maamein Sins	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	