Ø 0001/0006 Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX CONTROLLER INC

Account Number : I20210000142 Phone : (954)301-1848

Fax Number : (954)532-9458

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

K HOME INVESTMENTS CORP

| Cortificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

| TO: Amendment Se Division of Cor | | | | |
|--|---|--|--|--------------|
| NAME OF CODE | DRATION: K HOME INVEST | TMENTS CORP | | |
| | D11000034346 | | | |
| DOCUMENT NUM | IBER: | | _ | |
| The enclosed Article | s of Amendment and fee are su | hmitted for filing. | | |
| Please return all con- | espondence concerning this ma | tter to the following: | | |
| | KELLEN C PAIVA | | | |
| | | Name of Contact Pers | son | _ |
| | K HOME INVESTMENTS | CORP | | |
| | | Firm/ Company | | - |
| | 731 SE 6TH TERRACE | | | _ |
| | | Address | | - |
| | POMPANO BEACH, FL 330 | | | _ ; ' |
| | | City/ State and Zip Co | nde | |
| | cesareontracting22@gmail.ce | om | | 70 |
| | E-muil address: (to be us | sed for future annual repo | ort notification) | 7.5 |
| For further informati | on concerning this matter, pleas | se call: | | |
| KELLEN C PAIVA | | at (| 859-1380 Code & Daytime Telephone Numb | |
| Name | of Contact Person | Arca (| Code & Daytime Telephone Numb | Cr |
| Enclosed is a check f | or the following amount made | payable to the Florida Do | epartment of State: | |
| \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | | | et Address | |
| Amendment Section Division of Corporations | | | indment Section sion of Corporations | |
| P.O. Box 6327 | | The | Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 | 5 N. Monroe Street, Suitc 810 | |

Tallahassoc, FL 32303

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Articles of Amendment to Articles of Incorporation of

| K HOME INVESTMENTS CORP | | |
|--|---|-----------------------|
| | rently filed with the Florida Dept. of State |) |
| P11000034346 | | |
| (Document Numb | ber of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation: | this Florida Profit Corporation adopts the i | ollowing amendment(s) |
| A. If amending name, enter the new name of the corporation | <u>n:</u> | |
| | | The new |
| name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "F | ". A professional corporation name must | reviation "Corp.," |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | 024 DCT |
| C. Takan and mandaline address if and limble. | | DCT |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <i>ω</i> |
| | | |
| | - | <u>۾ جي ا</u> |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add | | 12 |
| Name of New Registered Agent | <u></u> | |
| | | |
| (Floriu | la street address) | |
| N. D. Con of Office Allinois | Florida | |
| New Registered Office Address: | (City), Florida | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil | gent: liar with and accept the obligations of the po | sition. |
| Signature of No. | rw Registered Agent, if changing | |
| Signature of the | on regulered rigent, if changing | |
| Check if applicable | | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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: XChange | PT | <u>Iohn Doc</u> | |
|-------------------------------|-------------|-------------------|-------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sully Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | PAULO CESAR PATVA | 731 SE 6TH TERRACE |
| X | | | POMPANO BEACH, FL 33060 |
| Remove | | | 2024 OC |
| 2) Change | | | 200 |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | 2 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Кеточе | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| ර) Chango | | | |
| Add | | | |
| Remove | | | |

| | s). (Be specific) | |
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| an amendment provides for an ex | schange, reclassification, or cancellation of issu | ed shares, |
| provisions for implementing the an | mendment if not contained in the amendment i | ed shares, tself: |
| an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A) | mendment if not contained in the amendment i | ed shares, tself: |
| provisions for implementing the an | mendment if not contained in the amendment i | ed shares, tself: |
| provisions for implementing the an | mendment if not contained in the amendment i | ed shares, tself: |
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| provisions for implementing the an | mendment if not contained in the amendment i | ed shares, tself: |

| The date of each amendment(s) adoption: | _, if other than the |
|--|----------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records. | iot be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. | narcholder |
| ☐ 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): | 2024 OCT 16 AH |
| "The number of votes cast for the amendment(s) was/were sufficient for approval by | <u> </u> |
| by | |
| (voting group) | |
| 10/10/2024 | 9 - |
| Dated | ∴ ~ |
| Signature X | |
| (By a director, president or other officer - if directors or officers have not been | |
| selected, by an incorporator - if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| KELLEN C PAIVA | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |