P11000085639

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATES OF STATES OF CORPORATION

Amand (10) 11.14.13

COVER LETTER

Division of Corporations NAME OF CORPORATION: KING LEE ENTERPRISES, INC. P110000085639 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VANA LIE

Name of Contact Person LEE ENTERPRISES, INC.
Firm/Company KING CHISLEHURST DR. 19041 LAND O LAKES, FL - 34639 City/ State and Zip Code MAIL C CKPEGROUP, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 948-8088

Area Code & Daytime Telephone Number CHANDRA KHUE Name of Contact Person 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)

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

(Additional Copy is enclosed)

Articles of Amendment

to

Articles	oſ	Incorporation
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KinaL	cc Ente	rDrises	5. INK	21
(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State)		-
₽	110000 85639	7		
<u> </u>	Number of Corporation (if k	·		-
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this Flo	orida Profit Corporation ad	lopts the followin	ig amendment(s) to
A. If amending name, enter the new nam	e of the corporation:			
				_The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "Co	". A professional corpora		
B. Enter new principal office address, if (Principal office address <u>MUST BE A STI</u>				_
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST Of</u>		1		SECRETARY OF STANK OF
D. If amending the registered agent and/ new registered agent and/or the new		s in Florida, enter the nan	ne of the	ALIN: 24
Name of New Registered Agent	VANA LI	Ξ		
	19041 CHIS	LEHURST DR.		
-	(Florida street			
New Registered Office Address:	LAND O LA	KES, Florida	34638	_
	(Ciţy)		(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register Sign			s of the position.	
- V ^{3.g.}	> -> -11	······································		

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	CHANDRA KHUE	19041 CHISLEHURST DR.
Add Remove			LAND O LAKES, FL-34636
2) Change		VANA KHOE	201 US HWY 275
Add Remove			AVUN PARK, FL 33825
3) Change	<u> </u>	VANA LIE	19041 CHISLEHURST OR.
Add Remove			LAND O LAKES, FL-34638
4) Change			
Remove			
5) Change			
Remove			
6) Change			
Remove			

N/A	
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
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an amendment provides for an excl rovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption: 11-01-2013	, if other than th
date this document was signed.	
Effective date if applicable: 11-01-2013	
Effective date if applicable: 11-01-2013 (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)	
(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 $\frac{11/07/13}{}$	
Signature	
(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)	
VANA LIE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	