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R. WHITE FE3 0 8 2019





COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:	$\frac{1}{2}$			
DOCUMENT NUMBER:	94341			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Rosa Ro Ryrc. 1	Name of Contact Person A C:			
	Firm/ Company			
697 (!marosa (!+				
Ocole, Fl. 34761				
City/ State and Zip Code Cost — Podr (art ? 95 @ Vahy); Crity E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	e call:			
Rosa lòdriguer Name of Contact Person	at (40+) 625 5650 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Denartment of State:			
Enclosed is a check for the following amount made;	ayable to the Florida Department of State.			
\$35 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED

$O \cup O \cap A$	
KYKC, Inn.	2019 FEB - 1 PM 4: 52
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P11 0000 943 91	SEUM: AM OF UMATE TALLAMASSEE, FL
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "(word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Alla
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	A 1 1 1 1 -
(Florida str New Registered Office Address:	Florida
	(City) \ (Lip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	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)

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	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title V	AVIS Cruz	Address 697 Cimarosa (Doce, Fl 3476
2) Change Add Remove 3) Change		<u> </u>	
Add			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	- All Annual Control of the Control
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
_	
- 100	

The date of each amendment(s) adoption:	1/25/19	, if other than the
date this document was signed.		, ii onet man die
Effective date if applicable:	125/19	
Effective date in applicable.	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S		y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g		
"The number of votes cast for the amend	Iment(s) was/were sufficient for	or approval
by		
(votir	ng group)	
☐ The amendment(s) was/were adopted by the beaction was not required.	oard of directors without share	holder action and shareholder
The amendment(s) was/were adopted by the ir	ncorporators without sharehold	ler action and shareholder
action was not required.		
1/25/19		
Dated		
Signature /	Lader	
	dent or other officer) if directo	ors or officers have not been
	porator – if in the hands of a re	
appointed fiduciary t	by that fiduciary)	
΄ ν	- K 1 00	
<u> 10s</u>		PATE
T)	Typed or printed name of person	on signing)
	Day 1	
	tresident	
	(Title of person sign	ing)