# Planna15

(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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R. WHITE



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#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address

Address

Cape Caral FL 33904

Oty/ State and Zip Code For further information concerning this matter, please call: 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 of Inc.

FILED

	Articles of Incorporation	7 011	9: 54
1001	of	74 NOV -7 PH 1	n
LKCI, Inc		Mary Was John V. Com.	TATE
(Name of Corporation as curr	ently filed with the Florida Dept	of State)	ACING A
	0016215	Il Meneral services	·
	nber of Corporation (if known)		<del>_</del>
(Document Nut	mber of Corporation (II known)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Proj	fit Corporation adopts the follow	ing amendment(s)
If amending name, enter the new name o	f the corporation:		
	NA		The new
ame must be distinguishable and contain t. Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A pro-	ny," or "incorporated" or the fessional corporation name mus	abbreviation
. Enter new principal office address, if app	diaabla	*/1	
Principal office address MUST BE A STREE		/y <i>/</i> /	_
			<del></del>
C. Entenness and March 16 and 18 and			
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		110	
(muning dudiess MAT BE A 1031 0111		//-/	
. If amending the registered agent and/or i	registered affice address in Floric	la enter the name of the	
new registered agent and/or the new regi		sa, enter the name of the	
Name of New Registered Agent	<i>\/A</i>		
	(Florida street address)	<del></del>	
	(1 tortule sireet duaressy		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changi	na Registered Agent:		
hereby accept the appointment as registered a	igent. I am familiar with and acco	ept the obligations of the position	·.
			,
	ce of New Registered Agent if cha		
Signatur	re of New Registered Agent if char	naina	

### 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{v}$	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	CEC	2	Rodney P. Michaels	222 SW 39th St. CARE Coral FL 33914
Remove	_			
2) Change	<u>P</u>	_	Lon M Brooks	Cape Coral FL 33814
Remove 3) Change Add	<del>.</del>	_		33119
Remove 4) Change		_		
Add Remove				
5) Change	<u></u>	<del>_</del>		·
Remove				
6) Change	<del></del>	<del></del>	<del>-</del>	
Remove				

Attach	additional sheets	additional Arti , if necessary),	cles, enter ch (Be specific)	ange(s) here			
	Title	Change	es to	Off	[icers		
	<u> </u>						
-							
				· · · · ·			
		**					<del></del>
					-		
		·					
·							
	mendment provi						1
	sions for implem if not applicable, i		<u>nament 11 not</u>	contained in	the amendm	ent itself:	
			NA				
			<del></del>				

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: Nov. 5 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
ine 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_ 4/00. 5 2014	
Signature Mahail	
(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)	
Radney P. Michaele	
(Typed of printed name of person signing)	
CEO	
(Title of person signing)	