P12600058955

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: K&R Desig	ns, Inc.	<u> </u>	
DOCUMENT NUMBER: P12000058955				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:		
	Rebecca Aman			
	Trebecca Aman	N		
Name of Contact Person K&R Designs, Inc.				
		Firm/ Company		
5820 Scotland Road				
		Address		
	Pensacola, FL 32	2526		
		City/ State and Zip Code	2	
krdesignsinc@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, pleas	se call:		
Rebecca Am	nan	at (850	, 380-9599	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

KIR Designs, Inc.			_
(Name of Corporation as currently	filed with the Florida Dept.	of State)	_
P12000058955			
(Document Number	of Corporation (if known)		Marian
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profi</i>	it Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the	corporation;		
K&R Designs, Inc.			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co". A prof		abbreviation
D. Futon was mainsingle office address if annihal	Ll.	h	元のる
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A		•	6 20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		FILED5 PH 3: 40
D. If amending the registered agent and/or registered agent and/or the new registered		ia, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	<u> </u>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t. I am familiar with and acce		
Signature of	New Registered Agent, if chan	ging	

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 <math>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:	, 4,,,,	.,			
X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change	VP	_	Tina Jones	_	12 Crabapple Ln
Add					Foley, AL 36535
X Remove					
2) Change		···		_	
Add					·
Remove					
3) Change	********			-	
Add					
Remove					
4) Change				_	
Add					
Remove					
5) Change					•
Add				_	
Remove					
6) Change				· -	
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	
/a	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	, , , , , , , , , , , , , , , , , , ,
/a	
	teritorio de la constitución de

The date of each amendment(s) ac	loption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 10/2/20	012
Signature	eleve Amar
(By a d	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	Rebecca Aman
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)