(Re	equestor's Name)	
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

*x* ---

خ.

NAME OF CORPORATION:	KC N	Associate:	s <u>Inc</u>		
DOCUMENT NUMBER: P12000061534					
The enclosed Articles of Amenda			,		
Please return all correspondence	concerning this mat	ter to the following:	•		
	V.	alia Casas			
-	<u></u>	Name of Contact Person	n .		
	KC N	Associates	à Inc		
		Firm/ Company			
	3500				
		Address			
	mi	ami FL 33	165		
		City/ State and Zip Cod	e		
F. mai	KCNAS	ed for future annual report	AOL COM		
E-mai	i address. (to be us	ed for future amidal report	nonneation)		
For further information concerning	g this matter, pleas	e call:	,		
14		•			
Name of Contact	erson	at ( <u>305</u> Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ring amount made p	payable to the Florida Depa	artment of State:		
_	.75 Filing Fee & ifficate 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)		
Mailing Addre			Address		
Amendment Se Division of Cor		Amendment Section Division of Corporations			
P.O. Box 6327	-	Clifton Building			
Tallahassee, FL	. 32314	2661 Executive Center Circle			

Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

•		areor potation		
		or 16 AUG - 1 AM 11: 26		
KC N Ass	<u>sociates</u>	Inc . MIII. 20		
(Name of	Corporation as curren	ntly filed with the Florida Dept. of State)		
ρι	20000615	34 MARKED		
·	(Document Number	of Corporation (if known)		
tursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(		
. If amending name, enter the new nam	e of the corporation:			
	ion "Corp," "Inc," or	The new vion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the 1 "P.A."		
B. Enter new principal office address, if		10473 SW 40th St		
Principal office address <u>MUST BE A STREET ADDRESS</u> )		# 204		
		Migmi FL 33165		
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		10473 SW 40th St # 206 migmi FL 33165		
If amending the registered agent and/o new registered agent and/or the new r				
Name of New Registered Agent	Katia	Cepena		
_	10473 (Florida si	sw 40 st # 2000  Treet address)		
New Registered Office Address:	<u>mam</u>	, Florida 33165		
		(City) (Zip Code)		
	•			
ew Registered Agent's Signature, if char	nging Registered Agen	it:		
rereby accept the appointment as registere	u ageni. I am jamiliar	with and accept the obligations of the position.		
		telement		
<del></del>	Signature of New	Registered Agent, if changing		

address of each Office Attach additional shee	e <mark>r and/or</mark> l ets, if neces	Director being added: sary)		director being removed and title, name, and
P = President; V= Vic Executive Officer; CFC held. President, Treasu Changes should be not a change, Mike Jones I Mike Jones, V as Remo	te Presiden  O = Chief  urer, Direct  ted in the fel  leaves the	Financial Officer. If an officer for would be PTD. Ollowing manner. Currently Joh	D= Director; TR= T /director holds more in Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
E <b>xample:</b> <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Гуре of Action Check One)	<u>Title</u>	Name		<u>Addres</u> s
l) X Change	PT	Katia (	epena	10473 SW 40 ST
Add		•		= ± 20cp
Remove				miami FL 33165
2) Change				,
Add				· 
Remove				
3) Change	<del></del>	<del></del>		
Add			•	·
Remove				•
l) Change				
Add				
Remove				
5) Change		_		·
Add				
Remove				
6) Change				
Add				

...

Remove

• 4	ing additional Arti neets, if necessary).	(Be specific)				
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	n/a					
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-		,			•	
			,			, <u></u> .
•						
f an amendment pr provisions for impl	rovides for an exch lementing the ame le, indicate N/A)	ange, reclassific ndment if not co	ation, or cancell ntained in the a	ation of issued mendment itsel	shares. f:	
(if not applicab						
(if not applicab	∩ F	<i>}</i>				
		4				
		4				
	<u> </u>	4				

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		,
Effective date <u>if applicable</u> :		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	n	
•	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	г
Dated	7-29-2016	
Signature		
(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 red fiduciary by that fiduciary)	
	Kota Cepena	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	