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PICK-UP WAIT	MAIL
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
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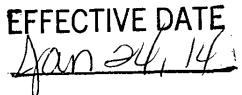
EFFECTIVE DATE

Amend Manuchs
Ta/59/14

COVER LETTER

TO: Amendment Sec Division of Cor			·.
NAME OF CORRO	KIMI Embroid	•	
NAME OF CORPO	P12000076575		
DOCUMENT NUM			THE RESIDENCE STREET, AND THE PROPERTY OF THE
The enclosed Article.	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Shira Gavilanes		
		Name of Contact Pers	on
	KIMI Embroidery Inc.		
		Firm/ Company	
	831 Diplomat Dr., Ste	. 108C	
	DeBary, FL 32713	Address	
		City/ State and Zip Co	de
kim	iembroidery@att.net		
	•	sed for future annual repor	rt notification)
For further informatic	on concerning this matter, pleas	se call:	
Kira Mieles		386 at (753 0740
Name	of Cortact Person		ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle massee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



KIMI Embroidery Inc

111111 21115101001) 11101		V	
(Name of Corporation as	currently filed with th	e Florida Dept. of State)	
P12000076575			
· (Documer	t Number of Corgoration	n (if knovn)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, tl	as Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	une of the corporation:		
KIMI Embroidery & Screen Prin	U		The new
"Corp.," "Inc.," or Co.," or the design	ation "Corp," "Inc," o	ntion," "company," or "incorporated" or the r "Co". A professional corporation name mu	abbreviation st contain the
word "chartered," "professional associa		831 Diplomat Dr.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Ste. 108C	
		DeBary, FL 32713	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		831 Diplomat Dr.	14 JAN 23
		Ste. 108C	
		DeBary, FL 32713	
D. If amending the registered agent an	d/ar registered affice a	ddress in Florida, enter the name of the	67
new registered agent and/or the new			
Name of New Registered Agent	Shira Gavilanes		
rame to New Registered Agent	831 Diplomat Dr.,	Ste. 108C	
	(Florida DeBary	street câl ass)	
New Registered Office Address:		(Zip Code)	
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist		ar with and accept the obligations of the positio	n.
Si	znature of flow Registere	ed Agent, if changing	

Page 1 of 4

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 tisted as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example: X Change	PT John	Doe		
X Remove	<u>V</u> <u>Mike</u>	<u>: Jones</u>		
<u>X</u> Add	SV Sally	<u> / Smith</u>		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	Р	Kira Mieles	1855 S Lehigh Dr.	
Add		***************************************	Deltona, Fl 32738	_
Remove				_
2) Change	VP	Abdon Gavilanes	1855 S Lehigh Dr.	
Add			Deltona, FL 32738	
Remove				_
3) Change	P,CEO	Shira Gavilanes	1855 S Lehigh Dr.	_
Add			Deltona, FL 32738	
Remove				_
4) Change				_
Add				_
Remove			***************************************	_
5) Change				
Add				_
Remove				_
6) Change				
Add			· · · · · · · · · · · · · · · · · · ·	_
Remove				

amending or adding additional Artitach additional sheets, if necessary).	
Obtribution to the design of the contract of t	
and the second s	
10/AU/AU/AU/AU/AU/AU/AU/AU/AU/AU/AU/AU/AU/	12-27-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
an amendment provides for an exch rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. January 24, 2014	
Effective date if applicable: (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)	
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	
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)	
KIRA MIELES (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	