# P12000099115

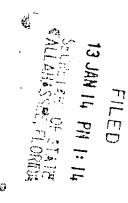
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William W

## **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: KEYS GATE RECOVERY, INC. DOCUMENT NUMBER: P12000099115 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mario J. Garcia Name of Contact Person N/A Firm/ Company 23401 SW 154 Ave Address Homestead, FL 33023 City/ State and Zip Code airrescue@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mario J. Garcia Area Code & Daytime Telephone Number Name of Contact Person 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) (Additional Copy is 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

# Articles of Amendment to Articles of Incorporation of

KEYS GATE RECOVERY, INC.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000099115	(19)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Kendall Walk Recovery, Inc.	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A E
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A PD
	N/A
	N/A *2
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:
Name of New Registered Agent N/A	
N/A	
(Florida s	street address)
New Registered Office Address: N/A	. Florida <b>N/A</b>
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New Registered	n <u>t:</u> r with and accept the obligations of the position.

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe		
X Remove	<u>V</u> <u>Mil</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	N/A	N/A	<u>N/A</u>	
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
2)Change	N/A	N/A	N/A	
Add				
Remove				
3) Change	<u>N/A</u>	N/A	<u>N/A</u>	
Add			<del></del>	
Remove				
4) Change	N/A	N/A	N/A	
Add				
Remove				
5) Change	N/A	N/A	N/A	
Add				
Remove				
6) Change	N/A	N/A	<u>N/A</u>	
Add				
Remove				

. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
I/A	
	the state of the s
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The state of the s	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<u>//A</u>	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption: 1-9-2013
Effective date if applicable:	I/A
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated 1-7-2	013
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Juan Pug
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)