P13000000592

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SECRETARY OF STATE TALLAH&SSEE, ET ORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KEM BUSI	NESS SOLUTIO	NS, INC.
	BER: P130000059		
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	
	Elizabeth Ortiz		
		Name of Contact Person	1
	KEM Business S	olutions, Inc.	
		Firm/ Company	
		Address	
	Orlando, FL 3287	72	
		City/ State and Zip Cod	e
Eliz	abethOrtiz@Kem	nbizsolutions.cor	n
<u>——</u>		sed for future annual report	
For further information	n concerning this matter, pleas	se call:	
Elizabeth Ortiz		at (407	442-2785
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address Iment Section on of Corporations Building
Tall	ahassee, FL 32314	2661. F	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAMASSEE, FLORIDA

13 AUG 14 AM 11: 34

KEM Business Solutions, Inc.				
(Name of Corporation as currently file P13000000592	d with the Florida	Dept. of State)		
(Document Number of C	Corporation (if know	vn)		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florid</i>	la Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	poration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the all	""Inc," or "Co".	A professional corporati	nted" or the ab on name must c	obreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	 			
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		Florida, enter the name	of the	
Name of New Registered Agent				
-	(Florida street ad	dress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		nd accept the obligations	of the position.	
Signature of New	v Registered Agent	if changing		

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>V</u>	Margarita Ortiz		
Add X Remove				
2) Change			1	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add		——————————————————————————————————————		
Remove				
6) Change				
Add				
Remove				

reclassificati t if not conta	ion, or cand ained in the	cellation of amendmen	issued share nt itself:	es.
lly among	st Karen	J. Wisd	o and Eli	zabeth Ort
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		<u> </u>		<u></u>
		<u> </u>		
<u> </u>				
	lly among	lly amongst Karer	lly amongst Karen J. Wisd	lly amongst Karen J. Wisdo and Eli

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	08/06/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby the shareholders was/webs	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	•
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 08	/06/2013	
Signature _	Muller Orts	_
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Elizabeth Ortiz	
	(Typed or printed name of person signing)	_
	Vice President	
	(Title of person signing)	·· ·····