P13000013099

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

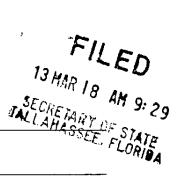
Division of Corporations	•
NAME OF CORPORATION:KTYPR	A2013 Inc. 0000 13099
DOCUMENT NUMBER: $P/3$	0000 13099
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Matha	Name of Contact Person
	Firm/ Company
4/22 5	Address Onda 33314 City/ State and Zip Code
	Address
Pavie, FL	0 (1 da 333/4
	City/ State and Zip Code
Bills BiRds (E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
nathan KALICHMA	at (<u>957</u>) <u>632 – 0863</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



KMRA 2013 Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

/3 0000 /3 099 (Document Number of Corporation (if known)

endment(s) to

me must be distinguishable and contain the word "corporation," "company," or "incorporated" of Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent William Kaliuman 4/122 SW BY AND, PROFESS SW (Florida street address) New Registered Office Address: New Registered Office Address: Pavie , Florida 333 (Zip C)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: Name of New Registered Agent William Agents Agent Milliam Agents Agent Milliam Agents Agent Milliam Agents Milliam Milliam Agents Milliam Milliam Agents Milliam Mil	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent William Kalicaman 4/122 SW BY AVE. PAPARE (Florida street address)	or the a me must
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent William Kalichman 4/122 SW 6Y Me. Marie (Florida street address)	
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent William Kalichman 4/122 SW 6Y Me. Marie (Florida street address)	
Name of New Registered Agent William KALICAMAN 4/122 5W 6Y AVE. PROPRIE (Florida street address)	
Name of New Registered Agent William KALICAMAN 4/122 5W 6Y AVE. PROPRIE (Florida street address)	
	2
New Registered Office Address: Pavie, Florida 333 (City), Florida (Zip C	
(City) (Zip C	717
	Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	position.

Λ/	
1'/	
	
amendment provides for an exchange, reclassification, or cancellation of issued shares	<u>s,</u>
visions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	
1.0	~-
1/	

'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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
\underline{X} Add .	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	UD	Nevin Pauchen	10955 W. Clairmont C. 2
Add Remove			#210 TAMARAC, FL 33321
2) Change Add	<u>U</u> D	Cynthia KALICMAN	Pembloke Aines,
Remove 3) Change Add			Florida 33024
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

The date of each amendment(s) ac	doption: 13 march 2013
Effective date if applicable:	13 march 2013
	(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) officient for approval.
☐ The amendment(s) was/were app must be separately provided for	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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
Dated/3	march w13
Signature.	irector, president or other officer – if directors or officers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MATALIE KALICHMAN (Typed or printed name of person signing)
	(1) ped of printed fainte of person signing)
	F . 5 - T
	(Title of person signing)