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(Re	questor's Name)	,
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TALL VICE TO ALL SELD.

Amend

JUL 24 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: KW (onsulting Ser	vices Inc.
DOCUMENT NUMBER	רות	000071763	
	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
	Rian	a Ballerla	
·	DIUN	Name of Contact Person	,
	Rachi	in & Associa	
	- -	Firm/ Company	
	11120	N. Kerdalı	Dr., #201
	001	Address	171
	1711	Omi FL 33 City/ State and Zip Cod	<u> </u>
		_	
· · · · · ·	piancars	a a bellsath seed for future annual report	net
	E-mail address; (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
	, B		
Bianca	Bäyerle	at (<u>305</u>	270-2040
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
	g Address		Address
	ment Section n of Corporations		Iment Section on of Corporations
P.O. Bo	ox 6327	Clifton	Building
Tallaha	ssee, FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



14 JUL -7 AM 9: 47

VII CLACO	of	ı	14 JUL -7 AM
(Name of Corporation as current)	Hing Services	tot. of State)	
P1.3 000071	7103		
	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida P</i>	rofit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A p	pany," or "incorporated professional corporation	!" or the abbreviation name must contain the
B. Enter new principal office address, if applica	ible:		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	PAVI		
(Mutual dualess MAT BE A FOST OFFICE I	<u></u>		
D. If amending the registered agent and/or regis	stered office address in Flo	orida, enter the name of	<u>the</u>
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent			
	(Florida street address	9)	
New Registered Office Address:		, Florida	
	(City)	(2	Zip Code)
New Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	t. I am familiar with and a	ccept the obligations of th	e position.
	(2)		
Signature of	New Registered Agent, if cl	nanging	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Karen Wood	8638 SW 50 st.
Add			Cooper City, FL 33328
Remove			
2) Change	P	Ernie M. Wood	8438 SW 50 St
Add			Cooper City, FL 33322
Remove			
3) Change	-		
Add			
Remove	,		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

	if necessary). (es, enter change (Be specific)			
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amendment provid	es for an exchan	ge, reclassificati	on, or cancella	tion of issued sh	ares,
visions for impleme	nting the amendi	ge, reclassificati ment if not cont	on, or cancella	tion of issued shendment itself:	ares,
visions for impleme	nting the amendi	ge, reclassificati ment if not cont	on, or cancella	tion of issued shendment itself:	ares,
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visions for impleme	nting the amendi	ge, reclassificat	on, or cancella	tion of issued shendment itself:	ares,

The date of each amendment(s) adoption: UUNC 23, 2014	, if other than th
date this document was signed.	
Effective date if applicable:	<u>—</u>
(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)	
(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 6/24/2014 Signature Ernie M Wood	
Signature Ernie M Wood	
(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)	
(Typed or printed name of person signing) (Title of person signing)	_
(Typed or printed name of person signing)	
X President	_
(Title of percap signing)	