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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KAWILT INC		
DOCUMENT NUMI	P14000012066		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jannet Goodwin		
		Name of Contact Person	1
	KAWILT INC		
		Firm/ Company	
	16141 CHURCHVIEW DRI	, ,	
		Address	
	LITHIA FL 33547		
		City/ State and Zip Cod	e
JAN.	LAWRENCE44@GMAIL.CO	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JANNET GOODWIN	!	813 at (de & Daytime Telephone Number
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:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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



(Nama	of Corporation as currently filed	with the Flagida Dent of States
P14000012066	or Comporação das Currentos medi	10-1-6-12-5-3-147=
114000012000	(Document Number of Corpo	oration (if known)
	·	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statules, this <i>Florid</i>	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
· ·		The new
	ration "Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address.		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		
100 - 100 -		
	_	
D. If amending the registered agent an		Florida, enter the name of the
new registered agent and/or the new	JANNET GOODWIN	
Name of New Registered Agent		
	16141 CHURCHVIEW DRIVE	
	(Florida street add	33547
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if c		
hereby accept the appointment as regist	ered agent '	tions of the position.
	// / / / / / / / / / / / / / / / / / /	-/
\mathcal{A}	MANN DEST.	Moul
—ure	Signature of New Register	ed 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: <u>X</u> Change	<u>79</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	P	WILLIAM R GOODWIN	16141 CHURCHVIEW DRIVE
Add			LITHIA FL 33547
x Remove			
2) Change	P	JANNET GOODIWN	16141 CHURCHVIEW DRIVE
X Add			LITHIA FL 33547
Remove			
3) Change	Ð	MARILYN LAWRENCE	16141 CHURCHVIEW DRIVE
X Add			LITHIA FL 33547
Remove			
4) Change	D	JAMES LAWRENCE	16141 CHURCHVIEW DRIVE
$\frac{X}{\underline{\qquad}}$ Add			LITHIA FL 33547
Remove			
S. Change			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach	ding or adding additional additional additional sheets, if necessa	ry). (Be specific)	· -		
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f an ar	<u>iendment provides for an</u>	exchange, reclassific	cation, or cancellat	tion of issued shar	es,
provis	ons for implementing the not applicable, indicate NA	amendment if not co	ontained in the am	endment itself:	
Vý	погаррисате, такше м.	1)			
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	. <u> </u>			·	

The date of each amendment(s) adopti	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	018	
<u>паружание</u> .	(no more than 90 days after amendment file d	ale)
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the ent for approval.	amendment(s)
	ed by the shareholders through voting groups. The following group entitled to vote separately on the amendation	
"The number of votes east for the	he amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
■ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted action was not required. 11/01/2018 Dated	by the incorporators without shareholder action and sha	areholder
Signature	MAN Solver	
Apr a Virecto	or, president or other officer - if directors or officers ha	
	an incorporator – if in the hands of a receiver, trustee, of	or other court
appointed 11	iduciary by that fiduciary)	
JAN	NET GOODWIN	
	(Typed or printed name of person signing)	
PRE	ESIDENT	
	(Title of person signing)	