P14000012763

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(Ci	ty/State/Zip/Phon	e #)		
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section

Division of Corporations The Koncept Administration Group he NAME OF CORPORATION: DOCUMENT NUMBER: P140000 12763 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAMONEJ, COWERT (Firm/ Company) RC. Koncept (1) gnAil. Congermal address: (to be used for future annual report notification) For further information concerning this matter, please call: CAMONE Conert at (305) 609 0112 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & **■**\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to **Articles of Incorporation**

(Name of Corporation as currently filed with the F P14000012763	lorida Dept. of State)		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not For Profit Corpord</i>	ation adopts the fol	lowing
A. If amending name, enter the new name of the corpora	ition:	ari	
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbrev	iation "Corp." or	ie new "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>			
	33160		
C. Enter new mailing address, if applicable:	16019 KINGSMOOR WAY		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MIAMI LAKES,FL		
	33014		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		of the	
New Registered Office Address:	(Florida street address)		
· · · · · · · · · · · · · · · · · · ·	, Florida _		
(City		(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		of the position.	
Signature of New	w Registered Agent, if changing Page 1 of 4	2014 MAY -8 I SECRETARY O TALLAHASSEE.	77

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 X Remove X Add		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	S	KATARA RANDALL	3760 NW 203 ST
X Add			MIAMI GARDENS,FL
Remove			33055
2) Change	V	YUKAI JOHNSON	1910 NW 163 ST
X Add			MIAMI GARDENS,FL
Remove			33054
3) Change	V	JULIA BREWER	505 E KEARNEY BLVD
X Add			FRESNO,CA
Remove			93706
4) Change	TR	ERIVERTO SOTO	3760 NW 203 ST
X Add			MIAMI GARDENS,FL
Remove			33055
5) Change	Р	STEVEN ROLLE	17071 W DIXIE HWY #108
X Add			NORTH MIAMI BEACH,FL
Remove			33160
6) Change	D	ROD MACK	2429 NE 25 ST
X Add		- This is a factor of the second	LIGHTHOUSE POINT,FL
Remove			33064
Remove		Page 2 of 4	

If amending or adding additional Articational additional sheets, if necessary).	(Re specific)
(with anathonal sheets, if necessary).	(be specific)
· · · · · · · · · · · · · · · · · · ·	
·	

The date of each amendment(s) adoption:late this document was signed.		
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 5.5.14	
	Signature Labe	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Steven Rolle	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	