## P14000061839

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Úse On	N.



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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

	Articles of Incorpora	tion	<u></u>	Č.
	of		音音	12: 
Key Condulting	& Alviso	ovs.		3.1
(Name of Corporation as curren	tly filed with the Florida I	Dept. of State)	200	3
DUM 01 920	a		74.12 me: <b>70</b>	TT
(Document Numb	er of Corporation (if known	)		
	•	•	مست الهائب مع السياسية مع المعالمة	********
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this <i>Florida</i>	Profit Corporation adopt	s the following affice	ndment(s) to
A. If amending name, enter the new name of t	he corporation:			
			The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," of	Corp," "Inc," or "Co". A	mpany," or "incorporate   professional corporation	ed" or the abbrevi n name must contai	ation n the
B. Enter new principal office address, if applie	cable:			
(Principal office address MUST BE A STREET	ADDRESS )			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
		<del>-</del>		
D. If amending the registered agent and/or reg	sistared office address in E	Sarida, antás tha nama a	ftha	
new registered agent and/or the new register		iorida, enter the name o	<u>i tile</u>	
Numer of New Desires I. In our				
Name of New Registered Agent		<del></del>		
<u></u>				
	(Florida street addre	ess)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	l account the oblin-tion of	the medial or	
t hereby decept the appointment as registered age	on i um jamiliar wiin and	accept the obligations of	ine position.	
Signature	of New 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 <math>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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
Change Add Remove	5	Alicia Frente	200 Crandon Block Scritc 48 Key Bissayne FL 3314
2) Change Add			
Remove 3) Change Add			
Remove 4) Change			
Remove  5) Change Add			
Remove  6) Change			
Add			

	heets, if necessary).	(Be specific)			
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	provides for an excl	hange, reclassificat	tion, or cancellation	on of issued share	<u>S,</u>
f an amendment	piementing the anic	and ment in not con-	tanica in the anici	idition (13cm.	
<u>provisions for im</u>	able, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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	5
by Alex pely, Alinia Front. " (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	အ ဝ
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10 12 114	
Signature	
(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)