P14000068901

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(Ad	dress)			
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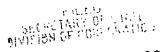
JAN 23 2017 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TKC ENTER	RPRISES CORPORATION				
DOCUMENT NUMBER: P14000068901					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
ANNA MANUKYAN					
	Name of Contact Person				
ROCKET LAWYER	ROCKET LAWYER				
	Firm/ Company				
5850 GRANITE PKWY	Y STE 215				
	Address				
PLANO, TX 75024					
	City/ State and Zip Code				
support@legalinc.com					
	be used for future annual report notification)				
For further information concerning this matter,					
ANNA MANUKYAN	at (844) 286-0178				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount n	made payable to the Florida Department of State:				
\$35 Filing Fee					
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



2017 JAN 19 AM 11:08

TKC ENTERPRISES CORPORATION

(Name of Corporation as currently file	ed with the Florida Dept. of State)
P14000068901	
(Document Number of Co	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent	
(Florida street ac	ddress)
New Registered Office Address:	, Florida
(City	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the	and accept the obligations of the position.
Signature of New Regist	ered 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.

X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	DIR	···	KENDHAL JOHNSON	1148 FERNWOOD DRIVE
Add				HOLIDAY, FL 34690
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Changa				
6) Change		_		
Add				
Remove				

f amending or adding additional Artach additional sheets, if necessary).	(Be specific)	
		,
	•	
		,
	•	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	tendment it not contained in the amendment itself:	
(y nor appricable, maleure (m))		

The date of each amendment(s) a	doption:	: d :if other than the
date this document was signed.		WALLER TARY OF THE STATE
Effective date if applicable:		18 114 114
	(no more than 90 days after ame	ndment file date) 2017 JAN 19 AM 11: 08
Note: If the date inserted in this document's effective date on the Do		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes of ifficient for approval.	cast for the amendment(s)
	proved by the shareholders through voting group each voting group entitled to vote separately of	
"The number of votes cast	for the amendment(s) was/were sufficient for ap	pproval
by		35
- ,	(voting group)	
action was not required.	opted by the board of directors without sharehole opted by the incorporators without shareholder a	
1/11/2017 Dated		
Signature	Thaddrus Woodworth	
selecte	irector, president or other officer – if directors of d, by an incorporator – if in the hands of a receited fiduciary by that fiduciary)	
	Thaddeus Woodworth	
	(Typed or printed name of person si	igning)
	Director	
	(Title of person signing)