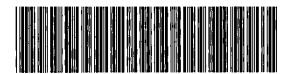
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COVER LETTER &

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: K4L INISTMENT OF SOWH FL. DOCUMENT NUMBER: P15000006584
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Law Ram ce Cone
Name of Contact Person President
One Price 2600 South university JR. # 105
one Price 2600 south universita UR # 103
Mircimal. 12. 33025
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lawkence cone at 186, 955-3013
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) 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

19 4 L Investmets of	South FLOrida, InC.
h	ly filed with the Florida Dept. of State)
P150000065	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lawrence cone Presisident
	12118 St ANDROWS. # 305 MIRCOMER. FL. 33025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIRCOMER. FL. 33025
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Lawken	ce Come =
A	reet address)
New Registered Office Address: Mideunce	(City), Florida 3303 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	Luxhonce Conc
Signature of New I	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 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 Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	PT LawRence Cone	12118 St ANDRONS
Add		# 305
Remove		Mi Aumal R 33025
2) Change	100% ou	Address 12118 St ANDROUS ## 305 Mi Aamul R. 33025
Add		
Remove 3) A Change	VP Same	
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	nal sheets, if necess	sary). (Be specific,)		
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	ent provides for a	n exchange, reclassi	ification, or car	icellation of issued s	hares,
an amendme	r implementing the	e amendment if not	contained in th	<u>ie amendment itself</u>	<u>:</u>
<u>rovisions for</u>	I 1.1. · I				
<u>rovisions for</u>	plicable, indicate N	∜ ∕A)			
<u>rovisions for</u>	plicable, indicate N	//A) 			
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rovisions for (if not app	olicable, indicate N		. 13	100%	owner
rovisions for (if not app	olicable, indicate N		. 15	100%	owner
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rovisions for (if not app	olicable, indicate N		. 13	100%	owner
rovisions for (if not app	olicable, indicate N		. 15	100 %	owner
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rovisions for (if not app	olicable, indicate N		. is	100%	owner
rovisions for (if not app	olicable, indicate N		. 15	100%	owner

The date of each amendment(s) adoption: 12 12 115, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
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 12/2/15
Signature Lamburge Cone.
Lawrence Gre
(1 yped or printed name of person signing)
PResilent

(Title of person signing)