P1500034213

(Re	questor's Name)
(Ad	dress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	ime)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KA	ANOUR INVEST	MENTS INC.
DOCUMENT NUMB	BER:	P150000342	73
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	·
Please return all corres	pondence concerning this m	atter to the following:	
-	E-mail address: (to be u	18210 Meywyi Address Weeki Wache City/ State and Zip Cod	TNVESTMENTS, INC n Circle
For further information	concerning this matter, plea	ase call:	
Kat Name o	herine A. Vega	at (352 Area Co	585-0699 Dode & Daytime Telephone Number
Enclosed is a check for	the following amount made		
\$35 Filing Fee	43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

'Articles of Amendment to Articles of Incorporation

FILED

	of	1 1446
	Kanoor Investments Inc.	2017 OCT 17 PM 2: 1
(Name of Co	prporation as currently filed with the Florida Dep	it. Of State) Charles to be STATE BALLAHASSEE, FLORID
	P15000034273	io Luminosta, i LUMID
	(Document Number of Corporation (if known)	J.
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5. Florida Statutes, this <i>Florida Profit Corporation</i> a	dopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
	the word "corporation," "company," or "incorp	The new
word "chartered," "professional association, B. Enter new principal office address, if an (Principal office address MUST BE A STRE	oplicable:	ation name must contain the
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
 If amending the registered agent and/or new registered agent and/or the new re 	registered office address in Florida, enter the na	me of the
Name of New Registered Agent	Katherine A. Ver 18210 Merwyn G	ac
New Registered Office Address:	(Florida street address) Weeki Wachel (City)	, Florida 344e14 (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ging Registered Agent: I agent. I am familiar with and accept the obligation Veca	ns of the 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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VP</u>	Katherine A. Vega	18210 Merwyn Cirde Weeki Wachee, FI 34614
X Add		\cup	Weeks Wache, Fl 34614
Remove	•		
2) Khange		Noor Masri	18210 Meruyn Cirde Weeki Wachee, Fi 34614
Add			Welki Wachel, H 34619
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
- 100 d d d d d d d d d d d d d d d d d d		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) ado date this document was signed.	ption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	л
	(voting group)
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	0/7/17
Signature	Kat Q. Vela
(By a dir	ector, president or other officer - if directors or officers have not been
	by an incorporator — if in the lands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Vice President "Secretary
_	(Title of person signing)