P1600011864

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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07/27/16--01015--016 **35.00

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And

JUL 27 2016

R. While

April 29, 2016

MICHAEL MILEY 1746 E SILVER STAR RD STE 155 OCOEE, FL 34761

SUBJECT: KAMM SOLUTIONS INC Ref. Number: P16000011864

We have received your document for KAMM SOLUTIONS INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6050$.

Rebekah White Regulatery Specialist II — —————

Letter Number: 416A00008952----

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KA	MM	So	lutions	Inc
DOCUMENT NUMBER: P16 0000 11864					

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the follow

michael. v. miley @ gmail.com

For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

enclosed)

S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional copy is Certified Copy Certified C (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

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: KAMM Solutions Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael Miley Name of Contact Person				
- KOMM Solutions Inc.				
Firm/Company 1746 E. Silver Star Rd STE 155 Address				
Ornee FL 34761				
michael. V. miley a gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michael Miley at (407) 488-7834 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				

TO: Amendment Section

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

10 Articles of Incorporation FILED

	Articles of Incorporatio	n 16 JUL 27 PM	2: 44
KA	MM Solution	ons Includes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of Co	rporation as currently filed wit	h the Florida Dept. of State)	re of Husey
' <i>P</i>	16000011864		
	(Document Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006 ts Articles of Incorporation:	, Florida Statutes, this <i>Florida Pl</i>	ofit Corporation adopts the following a	ımendment
A. If amending name, enter the new name of	f the corporation:		
		7	he new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "Co". A p	oany," or "incorporated" or the abb	reviation
B. Enter new principal office address, if ap-			
Principal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u>)		
			
	_		
Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFF.	CE BUX)		
			
). If amending the registered agent and/or	registered office address in Flo	rid <u>a, e</u> nter th <u>e name of the</u>	
new registered agent and/or the new reg			
Name of New Registered Agent			
	(Florida street address		
New Registered Office Address:		, Florida	
	(City)	(Zip Cod	te)
New Registered Agent's Signature, if chang hereby accept the appointment as registered		cept the obligations of the position.	
		· · · · · ·	
	Simulation of New Parising J	Isom if al-mains	
	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 <u>Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke_Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	T	Kelley R Miley	9114 Queen Elizabeth C Orlando FL 32818
Remove			
2) Change Add	5	Alissa R. Chehab	9114 Queen Elizabeth Ct. Oclando FL 32818
Remove		•	
3) Change			
Add Remove			
4) Change			
Add			
5) Change Add	 .		
Remove			
δ) Change			
Add			
Remove			

<u>.</u> 19
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The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable: 29 April 16	
(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 23 July 16 Signature Was William	
Signature Word Wish	
(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, truste appointed fiduciary by that fiduciary)	e, or other court
appointed fiduciary by that fiduciary)	
Michael Miley (Typed or printed name of person signing)	
President	
(Title of person signing)	-