

PI6 0000 69010

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2021 AUG 31 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: KFB ELECTRICAL SVCS INC

DOCUMENT NUMBER: P16000069010

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

Please return all correspondence concerning this matter to the following:

KENNY FONSECA  
Name of Contact Person  
KFB ELECTRICAL SVCS INC  
Firm/ Company  
19601 SW 78TH CT  
Address  
MIAMI, FL 33189  
City/ State and Zip Code  
KENNYBOSE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNY FONSECA at ( 786 ) 715-7000  
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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 AUG 31 AM 11:06  
SEBASTIAN COUNTY  
CLERK OF COURT  
TALLAHASSEE, FL

**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.*

**Example:**

X Change                      PT              John Doe

X Remove                      V              Mike Jones

X Add                              SV              Sally Smith

| Type of Action<br>(Check One)           | Title | Name              | Address          |
|---|-------|-------------------|------------------|
| 1) <input type="checkbox"/> Change      | VP    | MORALES, SANDRA P | 19601 SW 78TH CT |
| <input checked="" type="checkbox"/> Add |       |                   | MIAMI, FL 33189  |
| <input type="checkbox"/> Remove         |       |                   |                  |
| 2) <input type="checkbox"/> Change      |       |                   |                  |
| <input type="checkbox"/> Add            |       |                   |                  |
| <input type="checkbox"/> Remove         |       |                   |                  |
| 3) <input type="checkbox"/> Change      |       |                   |                  |
| <input type="checkbox"/> Add            |       |                   |                  |
| <input type="checkbox"/> Remove         |       |                   |                  |
| 4) <input type="checkbox"/> Change      |       |                   |                  |
| <input type="checkbox"/> Add            |       |                   |                  |
| <input type="checkbox"/> Remove         |       |                   |                  |
| 5) <input type="checkbox"/> Change      |       |                   |                  |
| <input type="checkbox"/> Add            |       |                   |                  |
| <input type="checkbox"/> Remove         |       |                   |                  |
| 6) <input type="checkbox"/> Change      |       |                   |                  |
| <input type="checkbox"/> Add            |       |                   |                  |
| <input type="checkbox"/> Remove         |       |                   |                  |

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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 \_\_\_\_\_."  
(voting group)

08/26/2021  
Dated \_\_\_\_\_

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)

KENNY FONSECA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)