P170000 75696

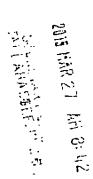
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APROG 2019 CRICHALIPA

COVER LETTER +

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: KGD MULTISER	VICES INC		
DOCUMENT NUMBI	P17000075606			
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		, in
Please return all corresp	ondence concerning this ma	itter to the following:		
Ĺ	ULY GONZALEZ KAHR			
_		Name of Contact Per	rson	
\	TAX CENTRO LATINO			
_		Firm/ Company		
3	223 S US HWY I SUITE A	.1		
	·	Address		-
F	ORT PIERCE FL 34982			
_		City/ State and Zip C	ode	
luly@y	taxel.com			
	E-mail address: (to be us	sed for future annual rep	ort notification)	
For further information	concerning this matter, pleas	se call:		
LULY GONZALEZ K	AHR	at (at	712	
Name of Contact Person		Area	Code & Daytime Telephone Nur	nber
Enclosed is a check for	the following amount made	payable to the Florida De	epartment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. I	ng Address dment Section on of Corporations Bux 6327 ussee, FL 32314	Ame Divi Clifi	eet Address endment Section ision of Corporations ton Building I Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

KGD MULTISERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P17000075696 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>∨</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	P	CARLOS KAHR	1110 SW INGRASSINA AVE
X Add			PORT SAINT LUCIE FL 34953
Remove			
2) Change	Р	LULY GONZALEZ KAHR	1110 SW INGRASSINA AVE
Add			PORT SAINT LUCIE FL 34953
X Remove			
3) Change	<u>S</u>	LULY GONZALEZ KAHR	1110 SW INGRASSINA AVE
XAdd			PORT SAINT LUCIE FL 34953
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		_
-		
f an amendment provides for an excb	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	endment if not contained in the amendment itself:	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	
<u>provisions for implementing the ame</u> r	endment if not contained in the amendment itself:	
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provisions for implementing the amer	endment if not contained in the amendment itself:	
provisions for implementing the amer	endment if not contained in the amendment itself:	

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	03/23/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	tement
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareh	nolder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholde	er
Dated Signature (I	3y a director president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other	
а	ppointed fiduciary by that fiduciary)	
	LULY GONZALEZ KAHR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	