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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KM ORTIZ COR	RP	
DOCUMENT NUMBER: P17000078010		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
ROSMARY G ORTIZ COF	RREA	
	Name of Contact Person	1
VP - KM ORTIZ CORP		
	Firm/ Company	
4868 CYPRESS WOOD DI	R APT 314	
	Address	
ORLANDO, FL 32811		
	City/ State and Zip Code	2
ORTIZKGI@GMAIL.COM		
E-mail address: (to be t	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
KAREN VALENTINA ORTIZ CORREA	786 at (271-3035
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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P17000078010	ration as curren	SECRETARY OF GRAVEY	
· · · · · · · · · · · · · · · · · · ·		itly filed with the Florida Debt. AFSLE OF FUDRIDA	
(Do			
	cument Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of th	e corporation:		
KV CLEANING AND REPAIR MULTISERVIC	ES CORP	The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applica	able:	4868 CYPRESS WOOD DR	
(Principal office address MUST BE A STREET)		APT 314	
		ORLANDO, FL 32811	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4868 CYPRESS WOOD DR	
<u></u>	<u>,</u>	APT 314	
		ORLANDO, FL 32811	
D. If amending the registered agent and/or reginew registered agent and/or the new registered.			
Name of New Registered Agent ORIANNA C AGUI		RA	
· · · · · · · · · · · · · · · · · · ·	4868 CYPRESS WOOD DR APT 314		
	(Florida :	street address)	
	IDO	. Florida 32811	
New Registered Office Address: ORLAN		110104	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ELIA V CAMPOS	4868 CYPRESS WOOD DR
Add			APT 314
X Remove			ORLANDO FL 32811
2) Change	P	KAREN V. ORTIZ CORREA	4868 CYPRESS WOOD DR
X Add			APT 314
Remove			ORLANDO FL 32811
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<i></i>
Remove			

Page 2 of 4

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA) A	Α	eets, if necessary). (Be specifi	(c)	
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(if not applicable, indicate N/A)	provisions for imp	lementing the amendment if no	ot contained in the amendment itself:	
	E. C. INC.	le, indicate N/A)		
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	10/06/2017	
The date of each amendment(s date this document was signed.	adoption:	, if other than th
	0/06/2017	
Effective date if applicable:	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and	shareholder
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and share	eholder
10/06/2 Dated	017	
Signature	Roman G. Osty	
	director, president or other officer) if directors or officers have	
	cted, by an incorporator — if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	other court
	ROSMARY G ORTIZ CORREA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	