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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: KEVMAX SCRULCES INC.					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Keilly Mercedes Garcia Name of Contact Person					
KEVMAX Services Inc.					
6160 0W 186 St APT 304 Address					
Higleah Fl 33015 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kelly Mercedes Garcia at 786 317-2379 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:					
\$\ \text{\$35 Filing Fee} \ \ \text{\$\subseteq \$\\$43.75 Filing Fee & Certificate of Status} \ \ \$\subseteq \$\\$43.75 Filing Fee & Certified Copy & Certificate of Status & Certified Copy & C					

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section **Division of Corporations** Clifton Building

is enclosed)

Articles of Amendment **Articles of Incorporation**

KEVMAX Services Inc.		
(Name of Corporation as current	tly filed with the Florida Dept. o	of State)
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	19 SE
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent Kelly Mer	rcedes Garcia	
6160 nw 186	rees address)	
New Registered Office Address: Hateah	(City)	lorida <u>33515</u> (Zip Code)

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.

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u></u>	Keilly Mercedes Garcia	6160 AW 186 St APT 304
X_ Add			Hialeoth, Fl 33015
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if r	necessary). (Be	enter change(s) l specific)			
NA					
- IVITY					
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f an amendment provides to provisions for implementing provisions for implementing provides the provides t	or an exchange, ag the amendme	reclassification, nt if not containe	<u>or cancellation o</u> d in the amendm	f issued shares, ent itself:	
(if not applicable, indic	ate N/A)				
NIA					
					
				· <u></u>	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> : (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The following statement e amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	n and shareholder
Signature (By a director president or other officer – if directors or of	
Signature 1.20 purlo	
(Bu a director president or other officer – if directors or of	ficers have not been
selected, by an incorporator – if in the hands of a receiver,	trustee, or other court
appointed fiduciary by that fiduciary)	
Ayme Traviecto	
Aynie Tzquiecdo (Typed or printed name of person signir	ng)
President	
(Title of person signing)	

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