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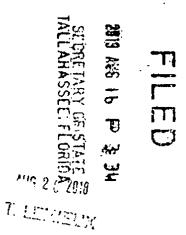
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| AME OF CORPORATION: KKA FREEDOM RESTORATIONS INC |
|--|
| OCUMENT NUMBER: P 19,000 22819 |
| he enclosed Articles of Amendment and fee are submitted for filing. |
| lease return all correspondence concerning this matter to the following: |
| KELLY PAREJES Name of Contact Person |
| KKA FREEDON RESTORATIONS INC. |
| 1130 COBBLESTONE CIR APT 7 |
| KISSIMMEE TL 34741 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: |
| KELU PIREDES at (305) 490-8424 Name of Contact Person Area Code & Daytime Telephone Number |
| nclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301 |

Articles of Amendment to Articles of Incorporation

KKA FREEDOM RESTORATIONS INC

(Name of Corporation as currently filed with the Florida Dept. of State) 000022819 (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: N MI AUdo 71 32824 (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling 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) I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positive of the control of the cont 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.

| 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) | Title | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | <u></u> | | |
| Add | | | | |
| Remove | | | <u> </u> | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| Kelliove | | | | |
| 6) Change | | _ | _ | |
| Add | | | | |
| Remove | | | | |

| | sheets, if necessary). | (Be specific) | | | |
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| The date of each amendment(s) add | option: | , if other than the |
|---|---|--------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this duritment of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adop by the shareholders was/were suf | oted by the shareholders. The number of votes cast for the amendment ficient for approval. | u(s) |
| ☐ The amendment(s) was/were appr must be separately provided for e | oved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s): | nent |
| | or the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were adoption was not required. | oted by the board of directors without shareholder action and sharehold | der |
| The amendment(s) was/were adopaction was not required. | oted by the incorporators without shareholder action and shareholder | |
| Dated_ <i>OS/M/2</i> Signature | 1 | |
| (By a dil | ector, president or other officer – if directors or officers have not beer | |
| | , by an incorporator – if in the hands of a receiver, trustee, or other cou ed fiduciary by that fiduciary) | art |
| _ | KELLY PAREDES | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| • | (Title of person signing) | |