## P180000 51135

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: KBM SOLUTION	NS GROUP , CORP		
	JMBER: P18000051135		No. 1 1 1	
The enclosed Artic	cles of Amendment and fee are s	ubmitted for tiling.		
Please return all co	orrespondence concerning this m	atter to the following:		
	PAULO ANDRADE KHOURI			
		Name of Contact Person		
	<del></del>	Firm/ Company		
	6850 HOFFBER AVE			
		Address		
	ORLANDO FL 32822			
		City/ State and Zip Code	<b>:</b>	
	JULIANAMGAVIAO@HO	TMAIL.COM		
	E-mail address: (to be t	ised for future annual report	notification)	
For further inform	ation concerning this matter, plea	ise call:		
JULIANA KARF	ITSAS	at ( <u>321</u>	4365110	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	e □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



## KBM SOLUTIONS GROUP CORP

(Name of Corporation as current	tly filed with the Florida Dept. of State)	, ,	
P18000051135		\$ : 	
(Document Number	of Corporation (if known)	<del></del>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the followin	g amendment(s) to	
A. If amending name, enter the new name of the corporation:			
SAME		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain	on "Corp.,"	
B. Enter new principal office address, if applicable:	6850 HOFFNER AVE		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32822		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6850 HOFFNER AVE		
	ORLANDO FL 32822		
D. If amending the registered agent and/or registered office add			
new registered agent and/or the new registered office addres	<u>is:</u>		
Name of New Registered Agent SAME	· · · · · · ·	<del>-</del>	
(Florida st	treet address)	_	
New Registered Office Address:	, Florida		
	(City) Zip C	Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
Signature of New I	Registered Agent, if changing	-	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (e), F.S.		

· 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>	Address
1) Change	Þ	LUCUANA S KHOURI	11903 FIORE DR
Add			ORLANDO FL 32827
X Remove			
2) Change	P	PAULO ANDRADE KHOURI	6850 HOFFNER AVE
X Add			ORLANDO FL 32822
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			***
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or add</u> (Attach additional sh	ing additional Articles,	, enter change(s) he e specific)	<u>ere</u> :		
	PRESIDENT AND ADE	-	DESCR		
KENIOVE LUCIANA I	——————————————————————————————————————	TALU AS EKISI	151314117		
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r. If an amendment p	rovides for an exchang elementing the amendm	<u>e, reclassification,</u> ient if not containe	or cancellation of ed in the amendme	issued snares, ent itself:	
(if not applicat	ble, indicate N/A)				
N/A					
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		<u> </u>	<del>-</del>		

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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	after amendment file date)
(no more than 90 days	after amenament fue aate)
<b>Note:</b> If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vertical must be separately provided for each voting group entitled to vote set.	
"The number of votes cast for the amendment(s) was/were suffi	cient for approval
by	"
(voting group)	
MINIC 20 2020	
JUNE 29 2020 /	
Signature f	directors or officers have not been
selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	
PAULO ANDRADE KHOURI	
(Typed or printed name of	f person signing)
PRESIDENT	
(Title of person signing)	