P19000001201

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: In COVECT To Communications and the communications are selected as the communication and the communication are selected as the communication are select
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12/07/23--01011--014 **25.00

02/08/24--01003--002 **10.00





COVER LETTER

TO: Amendment Section Division of Corporations KB	YNUM CONSULTING CORP GRLY DIANEBYNUM
NAME OF CORPORATION: KWYS	GRLY DIANE BYNUM
DOCUMENT NUMBER:	1900001201
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Kir	Name of Contact Person
707	Firm/Company 3 Santa Fr St E
	Address
Jac	CKSonville FL 32246
	City/ State and Zip Code
E-mail address: (to be u	frunkiegmail. Consed for future annual report notification)
For further information concerning this matter, plea	se call:
Name of Contact Person	at (904) 868-8432 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status 90 balanc du	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

na iru,

Articles of Incorporation

Vas	of	
KB'	 	NSULTNG COLPEU
(Name of Corp	oration as currently	filed with the Florida Dept. of State)
	7190C	000012804 FEB -6 AM 11:09
(C	ocument Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this FI	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
KIMBERLY	DIANE	BYNUM, CORP The new mpany," or "incorporated" or the abbreviation "Corp.,"
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if appli		NA
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROY)	NIA
MAI DE A TOST OTTTE	<u>L'B(/A</u> /	
D. If amending the registered agent and/or re		ss in Florida, enter the name of the
new registered agent and/or the new regist	ered office address:	
Name of New Registered Agent	NIA	
	(Florida stree	(address)
New Registered Office Address:	NIA	, Flurida
	(C	ity) (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered ag	ent. – Lam familiar wii	h and accept the obligations of the position.
	- 1 -	
	NIA	
	Signature of New Reg	istered Agent, if changing
Charle if annikashla		

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
<u>X</u> Add	<u>SV</u>	Sally Smith
Type of Action (Check One)	<u>Title</u>	Name Address
1) Change		
Add		/
Remove		/
2) Change		
Add		
Remove 3) Change		
Add		\ \ \ \ \
Remove		<u> </u>
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Rémove		

(Milden Buarnmar sin	neets, if necessary).	(Be specific)			
			/		
		_	/		
	\	1			
					
	/				
	, 				
F. <u>If an amendment p</u>	rovides for an exch	iange, reclassificat	ion, or cancellation	on of issued share	<u>.</u> s,
provisions for imp	olementing the amer ble, indicate N/A)	ndment if not cont	ained in the ame	ndment itself:	_
(9 7707 4777 47	,				
			/_		

The date of each amendment(s) ad	option:
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east f	or the amendment(s) was/were sufficient for approval
by	.``
,	(voting group)
Dated	16/2029 Kinebuly By
selected	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	PRINCIPAL
	(Title of person signing)



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2023

KIMBERLY BYNUM 3873 SANTA FE ST E JACKSONVILLE, FL 32246

SUBJECT: KBYNUM CONSULTING CORP

Ref. Number: P19000001201

We have received your document for KBYNUM CONSULTING CORP, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$10.00.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 423A00029264

