P19000005137

Office Use Only



100331215661

100331215661 06/25/19--01016--003 **35.00

権権 JCH 25 - m. ICH 1

JUN 25, 2019 C MCNAIR

COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

		COVERLETTER	
TO: Amendment Section Division of Corpora			ARUTYZU ALIGH,
NAME OF CORPORA DOCUMENT NUMBE	O(0.000)	KC AND L 1005137	Group Enterprise Ir
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	E-mail address: (to be us	Firm/ Company Address City/ State and Zip Code Sed for future annual report	suite 209 Enterprise Inc. Suite 209 El 34769 89 Quehoo, com
Name of	Contact Person The following amount made possible for the contact Person The following amount mad	at (<u>PP</u> Area Co Area Co payable to the Florida Depa	
	g Address Iment Section		Address ment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

A	rticles of Incorporation of	i din J	LH 25 11 15		
The KCANdL	Group FX	tern	1.5E	LAIC	
(Name of Corporation	n as currently filed with	h the Florida	Dept. of State),	1.	
<u> </u>	900000	5/3	7	<u> </u>	
(Docume	nt Number of Corporation	on (if known)		,	
Pursuant to the provisions of section 607.1006. Florida Sits Articles of Incorporation:	Statutes, this Florida Pro	ofit Corporati	on adopts the fo	llowing amendmen	it(s) to
A. If amending name, enter the new name of the cor	poration:				
		·=· · .		The new	
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	""Inc," or "Co". A pr				
B. Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADDR	(ESS)	- -			
				- 55	
					
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE BOX</u>					
					-
D. If amonding the analysis of the state of					
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		ida, enter the	name of the		
Name of New Registered Agent					
rear by rear registered rigeri			.,		
	(Florida street address)			<u></u>	
New Registered Office Address:			Florida		
The state of the s	(City)		1 loitua	(Zip Code)	
New Registered Agent's Signature, if changing Regis	tored Agent.				
hereby accept the appointment as registered agent. I	am familiar with and acc	cept the obliga	utions of the posi	tion.	
Signat	ure of New Registered A	gent, if chang	ins		
E sy sus.		o y c.m.//5	8		

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 John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DPST	CAMACHO, MAde!	line 241 Ruby Ave Soite 209
Add Remove			Siste 209 Kissimmee Fl 3476
2) Change	<u>DPS</u> T	Cory Kizer	241 Ruby Are Suite 209
Remove			Kissimmee #13-176
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

's restricted that	lditional shee	z additional Ar ts, if necessary).	(Be specific	:)	-			
. -								
							<u> </u>	
								
	 -							-
	_							
	_						.	
							_	
						 		
					<u> </u>			
				_	<u>.</u>			
·	•							
								
				_ <u>-</u>				
f an ame	ndment prov	ides for an exc nenting the am	hange, reclass	ification, or	cancellation o	of issued share	es,	
(if ne	ot applicable,	indicate N/A)	mament 11 00	t contained ti	n the amenun	ient itseit:		
								
				_				
	·				·			
					-			
			_		<u>-</u>			
			_					

The date of each amendment(s) adoption:	, if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Gune 25 2019	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Cunco //KES	
(Title of person signing)	