## P19000016038

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do-	cument Number)	-
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, Fl. 32314

Division of Corporations	100 mg
NAME OF CORPORATION: IM KC MC.	THE REACTOR PAR
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	72
Please return all correspondence concerning this matter to the following:	
Kimber Ley Peterson Name of Contact Person	-
Firm/ Company	-
IMKC INC	<del>.</del>
707 Deer foot Ru Deland Fl City/ State and Zip Code	32720
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kimberle in Person at (407) 902-648 Name of Contact Person Area Code & Daytime Telephone Number	er
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  Certificate Opy  (Additional Copy  is enclosed)  (Additional Copy  is enclosed)	
* Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to ** Articles of Incor		<b>%</b> .	
` of		3	<u>.</u>
IMKC INC		e.	ည် က
(Name of Corporation as currently	filed with the Florida Dept. of State)	100	· C
<u> </u>		•	3
" (Document Number of C	Corporation (if known)		۶.
arsuant to the provisions of section 607.1006, Florida Statutes, this $FI$ Articles of Incorporation:	lorida Profit Corporation adopts the follo	wing amend	ment(s) to
. If amending name, enter the new name of the corporation:			
ame must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co ord "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name m	e abbrevian	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )			-
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )			-
married na	-	Lim CAPRO Peter	berky K.) -1 vson
New Registered Office Address: 7LG	trange Florida r	O Chur Zip Code)	ge.
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position	on.	

Signature of New/Registered Ment. 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	Name	Address
i) X Change	<u>P</u>	CARROLI, Kimbuley	
Add		to	Deland th
Remove		Peterson, Kimbirley	32720
2)Change			
Add			
Remove			
3 ) Change	•	_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Remove			
6) Change		<del> </del>	
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f amending or adding additional Arti Attach additional sheets, if necessary).		
<del>-</del>		
	<del></del>	
•		
		_
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
-4		

The date of each amendment(s) add	option:	N/A	, if other than the
date this document was signed.		· '7',	
Effective date <u>if applicable</u> :	• •	N/A	
Elictive dave il applicable.	(no more than 90 da	ys after apendment file date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Dep		statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suff		nber of votes east for the amend	lment(s)
☐ The amendment(s) was/were appromust be separately provided for e			
"The number of votes cast fo	or the amendment(s) was/were su	fficient for approval	
by			
**	(voting group)		
<ul> <li>□ The amendment(s) was/were adopaction was not required.</li> <li>□ The amendment(s) was/were adopaction was not required.</li> </ul>	·	/ / / i	
Dated	3-24-19		
	ector, president or other officer – by an incorporator – if in the har		
	d fiduciary by that fiduciary)		••••••
_	Kimbert	ey Literson	
	(Typed or printed name	e of person signing)	
		President	
	(Title of pe	erson signing)	