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COVER LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations					
NAME OF CORPORATION: KMCB DESIGN CORP DOCUMENT NUMBER: 719,000019228					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
CATIA L GOMES AGOSTINHO. Name of Contact Person					
Firm/ Company					
4402 NW GTH PUE					
Address					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CAHA AGOSTINHO at (964) 210-0060 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed)					
Mailing Address Street Address					

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KMEB DESIG	N CORT		· · · · · · · · · · · · · · · · · · ·
(<u>Nan</u>	e of Corporation as curren	tly filed with the Florida Dept.	of State)
P1900001922	28		
,	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 6 its Articles of Incorporation:	07,1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> ado	pts the following amendment(s) to
A. If amending name, enter the new	name of the corporation:		
			The new
name must be distinguishable and c "Corp.," "Inc.," or Co.," or the des word "chartered," "professional asso	ignation "Corp," "Inc," or	"Co". A professional corporati	ated" or the abbreviation
B. Enter new principal office addre (Principal office address <u>MUST BE</u>			 .
C. Enter new mailing address, if ap (Mailing address <u>MAY BE A POS</u>			19 HAY -6 P
D. If amending the registered agent new registered agent and/or the			of the ω
Name of New Registered Age	ni	\	
			- -
	(Florida s	treet addressi	
New Registered Office Addre.	ve.		Florida
Sew Regionred Office Theorem		(City)	(Zip Code)
New Registered Agent's Signature, i I hereby accept the appointment as reg	f changing Registered Ager gistered agent. I am familian	nt: r with and accept the obligations	of the position.
	Signature of Nove	Registered Agent, if changing	
	Signature of New	registered rigent, 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:	e, und the	•••••••••••••••••••••••••••••••••••••••							
X Change	PT	John Doc	<u>:</u>						
X Remove	<u>V</u>	Mike Jon	<u>ies</u>						
X Add	<u>\$V</u>	Sally Sm	<u>ith</u>						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		١	<u>Addres</u> s			
1) Change	VP	*	<u>ai</u> mee	GOMES	s read	INTO	4402	NW 64	that 4
Add Remove						70MP 330	64.	<u>CACH</u> ,FC	-
2) Change	_	_							
Add									
Remove 3) Change									
Add		_		441.					
Remove									
4) Change	<u></u>	_				_			
Add									
Remove									
5) Change		_				\			
Add									
Remove							<u></u>		
6) Change		_							
Add									
Remove									

If amending or adding additional A	rticles, enter change(s) here:
(Attach additional sheets, if necessary,). (Be specific)
	_
	
If an amendment provides for an ex	Achange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(y nor apprecione, menetile total)	
,	
_	
	
_	

The date of each amendment(s) ad	M/26/19	, if other than the
fate this document was signed.	option	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	, , ,	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date very partment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sul	pited by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
. —	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	7412G19	
Signature	Duggo:	
₹By a d	lirector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
арроп	inductary by that inductary	
	CÍMIA L GOMES AGOSTINHO	
	(Typed or printed name of person signing)	
	PRESIDENT.	
	(Title of person signing)	