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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name: AVA FINANCIAL CONSULTANTS INC

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COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KADAM C IN	IC	·
DOCUMENT NUMBER: P19000059189		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
KAMRUL H. CHOWDI	IURY	
	Name of Contact Perso	n.
KADAM C INC		
	Firm/ Company	
2288 RIDGEWOOD CIF	t	
	Address	· ·
ROYAL PALM BEACH	, FL 33411	
	City/ State and Zip Cod	e
kamru80@gmail.com		
E-mail address: (to b	e used for future annual report	notification)
For further information concerning this matter, p	olease call:	
KAMRUL H. CHOWDHURY	at (⁵⁶¹	306-1768
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	urtment of State:
\$35 Filing Fee Certificate of Statu		□\$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	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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KADAM C INC				
(Name	of Corporation as curren	tly filed with the Florida Dept. of State	<u> </u>	
P19000059189		•		
<u> </u>	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp," "Inc," or	"Co". A professional corporation nam	r the abbrevia	new ution the
B. Enter new principal office address, (Principal office address MUST BE A 5	if applicable:	N/A		_
	· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
D. If amending the registered agent or new registered agent and/or the ne	nd/or registered office add	lress in Florida, enter the name of the	19 AUG	
Name of New Registered Agent	KAMRUL H. CHOWDH		<u>ν</u> ω	******
	N/A		2	(1)
<u>New Registered Office Addrass:</u>	(Florida si N/A	reet address), Florida	8: 42 :AIE :RID	
·		(City)	(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as registere	naing Registered Agent: ed agent. I am familiar with Config. Signanus of New Regis	and accept the obligations of the position.		
	Signal of New A	Try seem, if changing		

(Attach additional sheets Please note the officer/d P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	in in the case of	nrector (sary) le by the f t; T= Tre Financial or would llowing n orporatio	first letter of the office title: casurer; S= Secretary; D= Director; TR Officer. If an officer/director holds mo be PTD tanner. Currently John Doe is listed as in No. Sally Smith is named the V and S. The	= Trustee; C = Chairman or Clerk; CE ore than one title, list the first letter of the PST and Mike Jones it listed as the	d 6 O = Chief each office
Example: X Change	PT	John Do			
X Remove	$\underline{\mathbf{v}}$	Mike Jo	o <u>nes</u>		
_X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) X Change	PDTS	_	KAMRUL H. CHOWDHURY	2288 Ridgewood Cir	
Add				Royal Palm Beach, FL 33411	_
Remove					_
2) Change				· .	_
Add					_
Remove					_
3) Change		_			-
Add				三	-
Remove				AUG 13	-
4) Change		_		300	<u>in</u>
Add				8 142 STAIC FLEGUDA	
Remove				DA	-
5) Change		_			-
Add					-
Remove					-
6) Change		-			<u>.</u>
Add					

Remove

(Attach additional sheets, if necessary). (Be specific)		الا
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	r - co	ສ ້~
provisions for implementing the amendment if not contained in the amendment itself:	r - co	ن ن
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The date of a 3	AUGUST 12, 2019	0/0
The date of each amendment(s) as date this document was signed.	Toption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The folic each voting group entitled to vote separately on the amend	rwing statement ment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shall holder action as	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without sharpholder action and sh	areholder
08/12/2019 Dated	-/ //// /	A STATE OF THE STA
Signature	(hount)	**************************************
	rector, president or other officer - if directors or officers ha	ive not been
selected	, by an incorporator of in the hands of a receiver, trustee,	or other court
appoint	ed fiduciary by that fiduciary)	
	KAMRUL H. CHOWDHURY	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	