## P2000016993

(Requi	estor's Name	)
(Addre	ss)	
(Addre	ss)	···
(City/S	tate/Zip/Phon	ie #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	nent Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	

Office Use Only



700432742277

07/11/24=-01018--014 \*\*3S.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•

NAME OF CORPORATION: KDL ENTERPRIS	SES, INC.	
DOCUMENT NUMBER: P20000016993		<u></u>
The enclosed Articles of Amendment and fee are st	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
DERYK KONHAUZER		
<del></del>	Name of Contact Person	)
MEDICUS TAX PLANNIN	G SERVICES, LLC	
	Firm/ Company	
18300 NW 62ND AVE, STE	220	
	Address	
MIAMI, FLORIDA, 33015		
	City/ State and Zip Code	:
DERYK@MEDICUSTAX.C	СОМ	
E-mail address: (to be u.	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
DERYK KONHAUZER	at ( <u></u>	438-1314
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	irtiment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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 Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment Articles of Incorporation

FILEN

KDL ENTERPRISES, INC.			The hands
(Name o	of Corporation as curren	tly filed with the Florida Dept	orstate JUL 11 BMI
P20000016993			(m)
	(Document Number	of Corporation (if known)	Talent Land
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation ac	lopts the following amendmen
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co"	A professional corporation no	
B. Enter new principal office address,	if applicable:	18300 NW 62ND AVE, S	UITE 220
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33015	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		18300 NW 62ND AVE, S	UITE 220
		MIAMI, FL 33015	
D. If amending the registered agent an	d/or registered office add	Iress in Florida, enter the nan	ne of the
new registered agent and/or the new			<del></del>
Name of New Registered Agent	DERYK KONHAUZER		
	18300 NW 62 AVE, STE	220	
	(Florida st	reet address)	
New Registered Office Address;	MIAMI	,	Florida
<del></del>		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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	$\underline{PT}$	John Doe	<u>:</u>	
X Remove	<u>V</u>	Mike Jon	<u>nes</u>	
X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	<u> </u>	<u>Name</u>	<u>Addres</u> s
l) Change			N/A	
Add				
Remove				
2) Change			-	· · · · · · · · · · · · · · · · · · ·
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change				
Add		_		
Panyou				

(Attach additional sheets, if necessary).	). (Be specific)	
/A		
···		
	****	
	<u></u>	
· · · · · ·		
•••		
<del></del>		
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the amo	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
1		
<u> </u>		
<u>-</u>		

The date of ea date this docun		MAY 29, 2024 nent(s) adoption:	, if other than the
Effective date	if applicab	le:	
		(no more than 90 days after amendment file date)	· -
		in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	I not be listed as the
Adoption of A	.mendment(	(s) ( <u>CHECK ONE</u> )	
☐ The amendr action was r		were adopted by the incorporators, or board of directors without shareholder action and	l shareholder
		/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
		were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The r	number of vo	otes cast for the amendment(s) was/were sufficient for approval	
by		<del>_</del>	
		(voting group)	
	Dated	06/05/2024	
	Signature	Kenneth D. Lollar	
	Ü	(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)	_
		KENNETH LOLLAR	
		(Typed or printed name of person signing)	<del></del>
		PRESIDENT	
		(Title of person signing)	

. . . .