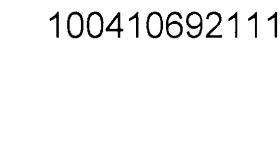
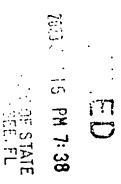
P20000043485

| (R | equestor's Name) |
|-------------------------|------------------------|
| (A | ddress) |
| (A | ddress) |
| (C | ity/State/Zip/Phone #) |
| PICK-UP | MAIL MAIL |
| (8 | usiness Entity Name) |
| (D | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | |

Office Use Only





R. HUNT 06/16/23



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- 's If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI | ION: KENN | EDY BRAND | SINC. | | | |
|--------------------------------------|---|--|--|-------------|------------|---|
| NAME OF CORPORATION DOCUMENT NUMBER: | P 200 | 000 439 85 | | | | |
| The enclosed Articles of A | mendment and fee are s | submitted for filing. | | | | |
| Please return all correspond | dence concerning this m | natter to the following: | | | | |
| | Ky | Name of Contact Per | EDY | | | |
| | | | | | | |
| | KE | Firm/ Company | HEALTH | | | |
| | | Firm/ Company | | | | |
| | 30 | 50 SW 37TH A | E APT 1601 | | | |
| | | Address | _ | | | |
| | | MIAMI , FL | 23133 Code | | () | |
| | | City/ State and Zip C | Code | | فد | |
| | Kulo | w Kennedy B | amail.com | | | |
| | E-mail address: (to be | used for future annual rep | amail.com | — | J. | ! |
| | | | | တ်လ ကြက် | PM | • |
| For further information cor | ncerning this matter, ple | ase call. | | æ LΩ. | -:1 | 1 |
| 11 . 1. | 1/ | | | TY OF STATE | 3 8 | |
| KYLE W. | KENNEDY | at (5 (3 | 5 70 - 0 9 68 Code & Daytime Telephor | | | |
| Name of Co | ontact Person ' | Area | Code & Daytime Telephor | ne Number | | |
| Enclosed is a check for the | following amount mad | e payable to the Florida D | Department of State: | | | |
| ☎ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | & \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\symbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin | S | | |
| Mailing | | <u> </u> | eet Address | | | |
| | ent Section of Corporations | Amendment Section Division of Corporations | | | | |
| P.O. Box | 6327 | | : Centre of Tallahassee | | | |
| Tallahass | see, FL 32314 | 241 | 5 N. Monroe Street, Sui | te 810 | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

| | Articles of | incorporation of |
|--|--|---|
| Ke | NNEDY T | BRANDS INC. |
| | | ently filed with the Florida Dept. of State) |
| Ŧ | ,200000 | 43985 |
| | (Document Numb | er of Corporation (if known) |
| ursuant to the provisions of section 607.1006, s Articles of Incorporation: | Florida Statutes, t | this Florida Profit Corporation adopts the following amendment(s) |
| . If amending name, enter the new name o | f the corporation | <u>ı:</u> |
| KENNED | y FAM | ILY HEALTH INC. The new "company," or "incorporated" or the abbreviation "Corp.," |
| Inc.," or Co.," or the designation "Corp," chartered," "professional association," or th | " "Inc," or "Co" e abbreviation "P. | . A professional corporation name must contain the word A." |
| . Enter new principal office address, if app Principal office address MUST BE A STREE | | 3050 SW 3712 Ave APT 1611 MIAMI, FC 33133 |
| . 33 | , | APT 1001 |
| | | MIAMI, FC 33133 |
| Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u> | | SAME AS ABOVE |
| . If amending the registered agent and/or new registered agent and/or the new regi | | address in Florida, enter the name of the |
| | | |
| Name of New Registered Agent | | |
| | | Sa 37h Are For -1 |
| | | (City) Florida (Zip Code) |
| | | (1) |
| New Registered Office Address: | mian | (City) , Florida (Zip Code) |

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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; \hat{V} = Vice President; \hat{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 | <u>Name</u> | <u>Addres</u> s |
| I)Change | | | |
| Add | | | |
| Remove | | | (A) |
| 2) Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | 500 0 |
| Remove 3) Change | <u> </u> | <u> </u> | |
| Add | | | 39 FL |
| Remove | | | |
| 4) Change | - | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| atach additional sheets, if necessary). (Be specific) | |
|--|--|
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | - 10 |
| | |
| | 73 |
| | |
| | |
| | <u> </u> |
| | SS PR |
| | 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | ms - |
| | 77 2 |
| | <u> </u> |
| | |
| | |
| | |
| an amendment provides for an exchange, reclassification, or cancellation of issued | l shares. |
| provisions for implementing the amendment if not contained in the amendment itse | <u>elf:</u> |
| (if not applicable, indicate N/A) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

2 C

| The date of each amendment(s) adoption date this document was signed. | tion: | | | if other than the |
|--|---------------------------------------|--------------------|---|--|
| Effective date if applicable: | JULY | 15+ | 2023 | |
| micros dan <u>mappinase</u> . | (no more th | an 90 days | after amendment file dat | <i>e)</i> |
| Note: If the date inserted in this bloc document's effective date on the Depart | | | statutory filing requirement | nts, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | | |
| The amendment(s) was/were adopte action was not required. | ed by the incorporators | , or board | of directors without share | holder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders was/were suffice. | · · · · · · · · · · · · · · · · · · · | The numl | ber of votes cast for the ar | mendment(s) |
| ☐ The amendment(s) was/were approx must be separately provided for each | - | _ | | |
| "The number of votes cast for | the amendment(s) wa | s/were suff | ficient for approval | *** *** *** |
| by | | | | |
| selected, b | to president of other | officer – in | f directors or officers have ls of a receiver, trustee, or | |
| | Kyle (Typed or prin | Kenne nted name | of person signing) | |
| | Presiden | t | · | |
| | (Title of perso | n signing) | | |