## P200000 44045

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name	<del>)</del>		
(Do	ocument Number)	<u>.</u>		
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				





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I ALBRITTON

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: KY ROAD I	NC		
DOCUMENT NUMBE	R: P20000044045			
The enclosed Articles of	Amendment and fee are st	ibmitted for filing.		
Please return all correspondence	ondence concerning this ma	atter to the following:		
		ASAEL MOLLINEDA		
		Name of Contact Person	1	
_		Firm/ Company		
		3925 NW 176 ST		
_	<del></del>	Address		
	M	IAMI GARDENS, FL 3305	55	
		City/ State and Zip Cod	e	
	E-mail address: (to be u			
ASAEL MOLLINEDA		at ( <u>786</u>	de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

KY ROAD INC

(Name of Corporation as	is currently filed with the Florida Dept. of State)
P20000044045	
(Document	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corpor	oration:
	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
Enter new principal office address if applicable	N/A
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	<u></u>
. Enter new mailing address, if applicable:	76.
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	( )
	office address in Florida, enter the name of the
	<del></del>
. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	office address in Florida, enter the name of the
N/A	ee address:
Name of New Registered Agent	
(	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent;  n familiar with and accept the obligations of the position
	, y
Signature	e of New Registered Agent, if changing
heck 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)

Example:

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	VP	ALEJANDRO MARTIN CONSUEGRA	3925 NW 176 ST
X Add			MIAMI GARDENS, FL 33055
Remove			
2) Change			
Add			
Remove 3) Change			
Add			<del></del>
Remove			
4) Change	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding addition additional sheets, if neces				
N/A	•				
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<del></del> ,		<del></del>			
				. <del>.</del>	
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					<del></del>
	<u> </u>				
. If an ar	nendment provides for it ions for implementing t	an exchange, reclassi	fication, or cancella	tion of issued shares,	
<u>provis</u> (if	not applicable, indicate	N/4)	contained in the an	engment itsen:	
N/A					
· <u> </u>					
	<del></del>				
	<del></del> -				·

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	07/29/2020		
The date of each amendment(s) adoption date this document was signed.	ition:		, if other than the
Effective date if applicable:			
	(no more than 90 days	s after amendment file date)	
Note: If the date inserted in this blocdocument's effective date on the Depa		statutory filing requirements, this date w	ill 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 shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.		ber of votes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea		voting groups. The following statement eparately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were suff	ficient for approval	
by			
	(voting group)		
07/29/2020 Dated		-	
Signature	5/		
(By a direction)		f directors or officers have not been ds of a receiver, trustee, or other court	<del></del>
	ASAEL	MOLLINEDA	
	(Typed or printed name	of person signing)	
	Pf	RESIDENT	
	(Title of person signing)		