

To:

Page 9 of 9

2022-07-06 15:59:46 GMT

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From: Tax Zone

P210000048972

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountant@taxzonefl.com

2022 JUL -6 PM 12 53

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN
K.V.C HOMEBROTHERS INC

Certificate of Status	0
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Page Count	07
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July 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of CorporationsK.V.C HOMEBROTHERS INC
6511 OLEANDER WAY
ORLANDO, FL 32807SUBJECT: K.V.C HOMEBROTHERS INC
REF: P21000048972

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPSFAX Aud. #: H22000229231
Letter Number: 122A00015079

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: K.V.C HOMEBROTHERS INC

DOCUMENT NUMBER: P21000048972

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ED KOTLER

Name of Contact Person

TAX ZONE INC

Firm/ Company

8865 COMMUNITY CIR STE 4

Address

ORLANDO, FL 32819

City/ State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ED KOTLER

Name of Contact Person

at (407)

8883131

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

FILED

2022 JUL -6 PM 12:53

K.V.C HOMEBROTHERS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000048972

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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; 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	JACQUELYNE MUNOZ	6511 OLEANDER WAY
<input checked="" type="checkbox"/> Add			ORLANDO, FL 32807
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	S	JESSICA SEGARRA	6511 OLEANDER WAY
<input checked="" type="checkbox"/> Add			ORLANDO, FL 32807
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:**(Attach additional sheets, if necessary). (Be specific)****F. 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)**

The date of each amendment(s) adoption: 07.5.22, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)"

Dated: 07.05.2022

Signature

Kleever Segarra
(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)

Kleever Segarra
(Typed or printed name of person signing)

President
(Title of person signing)