P21000072708

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COVER LETTER •

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KCD GENERAL	SERVICES CORP			
DOCUMENT NUME	P21000072708		^-		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma-	tter to the following:			
	GEORGE SCHREIBER				
		Name of Contact Persor	1		
	CAPITAN GEORGE LLC				
	Firm/ Company				
	5995 SW 99TH TER				
	Address				
	COOPER CITY, FL, 33328				
	 -	City/ State and Zip Code			
	georgeschreiber01@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
GEORGE SCHREIBER		954 at (5124608		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ann Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

2022 APR 12 AM 7:47

KCD GENERAL SERVICES CORP

(Name of Corporation as	currently filed with the F	IALLAHASSEE, FL
P21000072708		MEEARASSEE, FL
(Document N	Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Statuts Articles of Incorporation:	utes, this <i>Florida Profit Con</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ation:	
		The _new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviatio	"Co". A professional co-	orporated" or the abbreviation "Corp" rporation name must contain the word
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
	 -	
7. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
		
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		nter the name of the
Name of New Registered Agent		
	Florida street address)	
New Projection J (VIII on A Harrow		. Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am.	ed Agent: familiar with and accept th	e obligations of the position.
петелу иссерь те пруклатей из тедыстей идет. Тит	jumilar min and accept in	,,
Signature	of New Registered Agent, i	f 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)

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
T) Change	VP	DIANA MARIA DE LA HOZ CAMARGO	3307 PORT ROYALE DR S.
XX Add			APT 502C
Remove			FORT LAUDERDALE, FL. 33308
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an excha	nge, reclassif	ication, or c	cancellation	of issued sha	res,	
rovisions for implementing the amen-	dment if not	<u>contained ir</u>	ı the amend	<u>ment itself:</u>		
(if not applicable, indicate N/A)						
	-		-			_
		<u> </u>				
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						-
	-		·			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following sta or each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,```	
	(voting group)	
	director, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other	
	inted fiduciary by that fiduciary)	
	KAREN P CARRENO DE LA HOZ	
	(Typed or printed name of person signing)	<u></u>
	PRESIDENT	
	(Title of person signing)	