Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN KELA INC

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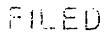
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COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION:	KELA INC	
DOCUMENT NUMB		P22000061709	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LOVETTE DOBSON		
•		Name of Contact Person	
		Firm/ Company	
	17350 STATE HWY 249 ST	E 220	
		Address	
	HOUSTON, TX 77064		
		City/ State and Zip Code	-
	EFILE1234@INCFILE.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LOVETTE DOBSON		at (888-462-3453 le & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	©\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	iing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Taliahassee V. Monroe Street, Suite 810 assee, FL 32303

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Articles of Amendment to Articles of Incorporation \mathbf{of}



KELA	INC. 2022 SEP 15 AM II: 36
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P220000	061709
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5188 Europa Drive #I
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL 33437
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5188 Europa Drive #1
	Boynton Beach, FL 33437
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
	
Name of New Registered Agent	
(Cl. v.L.)	treet address)
Trinida (a cer daar essy
New Registered Office Address:	(City) , Florida (Zip Code)
	(Chi)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
The state of the s	
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.

Example:

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Page

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 Doc 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 Doc	
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>	Address
1) X Change	Р	Kesa Fair	5188 Europa Drive #I
Add			Boynton Beach, FL 33437
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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/4)	ons for implementing the amendment if not contained in the amendment itself:	amending or adding additional Art Much additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:, it offset than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(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
tvoting group)
()9/14/2()22 Dated
Signature Kesa Rast (By a director, president or other officer if directors or officers have not been
(By a director, bresident 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)
Kesa Fair
(Typed or printed name of person signing)
President
(Title of person signing)