P95 000090443

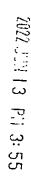
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

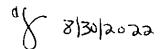
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: Kenzal Properties,	, Inc			
	MBER: P95000090443				
The enclosed Artic	les of Amendment and fee are su	abmitted for filing.			
Please return all co	rrespondence concerning this ma	atter to the following:			
	David Gustason				
		Name of Contact Person			
	Wintex Industries, Inc.				
	Firm/ Company				
	17221 Alico Center Rd Ste 2				
	Address				
	Fort Myers, FL 33967				
		City/ State and Zip Code			
	wintexinc@yahoo.com				
	E-mail address: (to be us	sed for future annual report notification)			
For further informa David Gustason	ation concerning this matter, plea	at (239) 707-3131			
Nar	ne of Contact Person	Area Code & Daytime Telephone Number			
		payable to the Florida Department of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
7 E F	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Callahassee, 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

Kenzai Properties, Inc.			2022	13 PT 2 F
(Name of Corpora	tion as currentl	y filed with the Florida		
P95000090443				
(Doct	ument Number o	f Corporation (if known)		
Pursuant to the provisions of section 607,1006, Flori ts Articles of Incorporation:	da Statutes, this	Florida Profit Corporati	an adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". 🗵	1 professional corporati		ion "Corp"
3. Enter new principal office address, if applicab	ole:			
Principal office address <u>MUST BE A STREET AL</u>				
		,		.
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(<u>OX</u>)			
				
). If amending the registered agent and/or regist			e name of the	
new registered agent and/or the new registere	d office address	<u>:</u>		
Name of New Registered Agent				_
	(Florida str	eet address)	· · · · · · · · · · · · · · · · · · ·	_
New Registered Office Address:			. Florida	
New Registered Office Address.		(Сиу)		Coder
New Registered Agent's Signature, if changing Ro				
hereby accept the appointment as registered agent.	l am familiar v	vith and accept the obliga	ations of the position.	
Sig	gnature of New R	egistered Agent, if chang	ing	_
·		General Western	••	
Check if applicable				

 \Box 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 = Chairmon 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>SV</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	Patricia Gustason	20672 Charing Cross Cir
XAdd				Estero, FL 33928
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		.
Add				
Remove				

	icles, enter change(s) here: (Be specific)
(Attach additional sheets, if necessary).	The specifics
	
	-
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

The date of each amendment() adoption:	, if other than the
date this document was signed.	5/8/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tno more than 90 days after amenament fite adie,	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh-	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
6/8/202 Dated Signature		
(By	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	David Gustason	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	 :-