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COVER LETTER

TO: Amendment Section Division of Corporations

TAME OF CORPORATION: K.W. MAX TWUESTMENTS INC	
OCUMENT NUMBER: P93000623686	
he enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
WILLIAM B DAVID SOIS Name of Contact Person	
ED MAX TNOF STHENTS, TNO Firm/ Company	
Firm/ Company	
37 N. ORANGE ADELOE #1610 Address	
Address	
CREADED IC 32801 City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Contact Person at (457) 716-6547 Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment

to

Articles	of	Incorporation

	Articles of Incorporation		
K.W. Max II	nvestments. Ir	1C	
(Name of Corporat	tion as currently filed with the Flo	rida Dept. of State)	
P8970060236	یا 8		
	iment Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corp</i>	oration adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the c	corporation:		
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A profession		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)		18 MA 28
D. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the	FH 2: 40
Name of New Registered Agent			
	(Florida street address)		_
New Registered Office Address:		, Florida	
New regissered Syree ratings.	(City)	, 1 101)da(Zi	p Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	e <mark>gistered Agent:</mark> I am familiar with and accept the c	obligations of the position	ı.
Sign	nature of New Registered Agent, if c	hanging	_

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: 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
1) Change	775	William B. Davidson	27. N. Orange Avenue + 61
Add			Orlando FL 32801
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	ional Articles, enter change(s) here; cessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	or an exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	g the amendment if not contained in the amendment itself:
	te N/A)
	

The date of each amendment(s) adoption: 3 26 18
Effective date if applicable: 3 30 18 (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 fisted 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 shareholders. The number of votes east 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
(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)
William I Dordan
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)