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(Re	equestor's Name)	
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(Cit	ry/State/Zip/Phone	: #)
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D: Amendment Section Division of Corporations	
AME OF CORPORATION: Kill Enterprises INC.	
OCUMENT NUMBER: VY (0000 X4 670	
te enclosed Articles of Amendment and fee are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Drvid Capper	
West Cates and Contact Person	
102 hake Edge Trail	
Melhose Pla. 32666	
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 Confact Person at (552) 478-9104 Area Code & Daytime Telephone Number	25.22
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:	د ا د۔
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy	0.15
Mailing Address Street Address	
Amendment Section Amendment Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

Kier Enterprises.	Die
(Name of Corporation as currently	filed with the Florida Dept. of State)
V 97 COCO 19 870	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	Porida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A mattered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mpany, vor "incorporated" or the abbreviation "Corp" professional corporation name must contain the word \(\lambda \)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA.
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	. 1 0
Name of New Registered Agent	NIA
New Registered Office Address: (Florida stree	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	
Signature of New Res	Sistered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	

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	PT John L	<u> </u>	
X Remove	<u>V</u> <u>Mike</u> .	<u>Jones</u>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> 185</u>	Brenda Capper	102 halle Edge Trail
_X Add		//	MCT/52 18 831999
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			*
Add			
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in amendment provide	s for an exchange, re-	classification.	or cancellation	of issued shares	1	
ovisions for implement	ting the amendment i	if not containe	d in the amend	lment itself:	-	
(if not applicable, ind	icate N/A)					
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amicient for approval.	nendment(s)
	oved by the shareholders through voting groups. The following the shareholders to vote separately on the amendment	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected.	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	=12
_	Director President.	
	(Title of person signing)	