P970000 34323

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: KY MC	ATER INSURA	NCE AGENCY, INC.		
DOCUMENT NUMBI	P 970	000034323			
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corresp	Please return all correspondence concerning this matter to the following:				
	Ky McAteer Name of Contact Person				
_		Name of Contact Persor	1		
_	KY MATEER	INSURANCE	AGENCY, INC.		
		Firm/ Company			
650 W MONTROSE ST					
	CLERMONT, FL 34711 City/ State and Zip Code Kymac 1000 @ gmail.com				
_		City/ State and Zip Code	: /		
	Kymac 1	000 @ gmo	ril.com		
_	E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, plea-	se call:			
Ky M	Ateer	at (407	925-6859 de & Daytime Telephone Number		
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327 The Centre of Tallaha			•		
	nassee, FL 32314	2415 8	N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

KY MYATEER INSURANCE AGENCY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

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			\smile	_		•

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Kycom, Inc.	The new
name must be distinguishable and contain the word "corporation," "company," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession "chartered," "professional association," or the abbreviation "P A."	or "incorporated" or the abbreviation "Corp.," nal corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	 A
	JAME CHANGE ONLY)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address: Name of New Registered Agent	rida, enter the name of the
New Registered Office Address: (Florida street address) (City)	·
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and ac	ecept the obligations of the position
Ala	

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)

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: PT X Change John Doe X Remove ¥ Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add _ Remove 3) ____ Change _____ Add ___ Remove 4) ____ Change ____ Add ___ Remove 5) ____ Change ____ Add _ Remove 6) ____ Change ___ Add _ Remove

E. If amending or adding additional Articles, e	nter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
	114
	11,
	7
)
F. If an amendment provides for an exchange,	reclassification, or cancellation of issued shares, nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	in the total and the amendment user.
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	/ A
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	(

•	4/4	
The date of each amendment(s) adoptio date this document was signed.	n:	, if other than the
-	ALG	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, thi ent of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b action was not required.	by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
	by the shareholders through voting groups. The following state of the shareholders through voting group entitled to vote separately on the amendment(s):	itement
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
selected, by a appointed fide	prosident or other officer – if directors or officers have not be in incorporator – if in the hands of a receiver, trustee, or other uciary by that fiduciary)	
	ONALD KY MCATEER	
	(Typed or printed name of person signing)	
f	PRESIDENT	
	(Title of person signing)	