P9700068609

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Special Instructions to	Filing Officer:	\ \
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KELVIN EI	NTERPRISES, INC	•	
	BER: <u>P9700006860</u>			
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	atter to the following:		
	LUZ M. MONTO	ΥA		
		Name of Contact Person		
	KELVIN ENTERI	<u> </u>	·	
	4047F OW 4F OT	Firm/ Company		
	12475 SW 45 ST			
	MIAMIEL 22175	Address		
	MIAMI FL 33175 City/ State and Zip Code			
		City/ State and Zip Code		
	F mail address (to be a	- d C- C		
	E-man address: (to be u	sed for future annual report notif	ication)	
For further informatio	n concerning this matter, plea	se call:		
LUZ M. MON	ITOYA	at (786) 3	351-1029	
Name	of Contact Person		Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Departme	nt of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy	\$52.50 Filing Fee Certificate of Status Certified Copy	
	enclosed)	(Additional Copy	is enclosed)	
			,	
	ling Address endment Section	Street Addi Amendment		
Division of Corporations		Division of	Division of Corporations	
	. Box 6327 ahassee, FL 32314	Clifton Build	ding tive Center Circle	
Tan	anasace, FL 32314	Tallahassee.		

Articles of Amendment to **Articles of Incorporation** of

FILED

KELVIN ENTERPRISES, IN	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State) SECRETARY OF STATE TALL AHASSEE. FLORIDA
P97000068609	MALAMASSEE.FLUKIUA
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:
	The new e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	icable: "ADDRESS")
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, enter the name of the tered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add X Remove	VPD	JOSE J. SANDOVAL	137 N. MIAMI AVENUE MIAMI, FL 33128
2) Change Add Remove			
3) Change Add Remove		····	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	-		

f amending or adding additional Ar ttach additional sheets, if necessary).	(Be specific)			

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amendment provides for an exchar provisions for implementing the am (if not applicable, indicate N/A)	nge, reclassifica endment if not	tion, or cancella contained in the	ntion of issued sha amendment itsel	<u>ires.</u> <u>f:</u>
				

The date of each amendment(s) ac	loption: [2-16-1]
Effective date if applicable:	5-12-11
	(no more than 90 days after amendment file date)
	(GUDGY OND)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 12/1	16-11
Signature VIII	Syagdaly Lyotoya
	irector, president or other officer - if directors or officers have not been
	I, by an incorporator—if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
арропп	A 1
	Luz Magdaly Montoya
	(Typed or printed name of person signing)
	President.
	(Title of person signing)