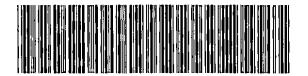
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: KELZO INC			
DOCUMENT NUMBER:				
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
BEN	ILEY LLRORENS			
<del></del>		Name of Contact Persor	l	
KEI.	ZO INC			
<del></del>		Firm/ Company		
2450	NE MIAMI GARDENS	DR STE 104		
		Address		
MIA	ME, FLORIDA, 33480			
<del></del> -	<del></del>	City/ State and Zip Code	:	
elizabeth@	accountingxpres.com			
		ed for future annual report	notification)	
For further information con BENILEY LLORENS	cerning this matter, please		965-6518	
Name of Co	ntact Person	at (	) 965-6518 de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee I	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Amend Divisio Ctifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

KELZO,INC.				
(Name of Co	rporation as currently filed with the Florida Dept. of State)			
P05000098758 P050000	195758			
	(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmen	il(s) to		
A. If amending name, enter the new name	of the corporation:			
	The new			
	the word "corporation," "company," or "incorporated" or the abbreviation a "Corp," "Inc," or "Co". A professional corporation name must contain the "or the abbreviation "P.A."	9 <b>8</b>	2019	
(Principal office address MUST BE A STRE			¥	-4
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		THE STATE	7019 HAY 15 PH 3: 17	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the gistered office address:			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	, Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. 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 = ChiefExecutive 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>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VANESSA MARROQUIN	2450 NE MIAMI GARDENS DR
Add			STE 104
Remove			MIAMI FL 33180
2) Change		_	
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·· <u>·</u> ·································
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у ногаррисате, такше полу	
<del></del>	
·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 dedocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	eni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	<b>≟</b> Γ
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5   13   19	
Signature  (By a director, president or officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cour	
appointed fiduciary by that fiduciary)	
Benilar Horans	<del> </del>
(Typed or printed name of person signing)	
Jasidant.	···
(Title of person signing)	

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