(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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60024225276





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KALIMA	INC.			
DOCUMENT NUMB	$\Omega \cup \lambda \cap A$	52776			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	DAULD ,	Hopkins Name of Contact Person	1		
	KARIMA	Fox .	•		
•		Firm/ Company			
650 NE 64th St, PH-3					
		Address			
	MIAMI	, FL 33	138		
•		City/ State and Zip Code	e .		
	Dhoppy:	3844@ V	Attoo, com		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
DAUID 1	topk ins	at (28/	703.4757		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Mail	ling Address	Street	Address		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

	of		5015 DEC 50	PH 4:41
KAUMA I	TNC.		SAIS DEC -	OF STATE
(Name of Corporation as	currently filed with the Flori	da Dept. of State)	PARTIL AHASSE	E, FLORIDA
P1100003	52776		THEF WILLIAM	
(Documen	t Number of Corporation (if kn	own)	· 1.	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i> r	rida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
DMH3644 H	tolDINGS, INC.			_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	tain the word "corporation," ation "Corp," "Inc," or "Co'	"company," or "incor '. A professional corpo	porated" or the d ration name must	ibbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A ST	if applicable: TREET ADDRESS)			-
	-			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST (-
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the n	ame of the	
Name of New Registered Agent		•	_	
	(Florida street d		_	
New Registered Office Address:	(City)	, Floric	la(Zip Code)	.
•	(//			
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		and accept the obligation	ons 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	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
I)Change		_		
Add				
Remove				
2) Change		_	·	
A dd				
Remove				
3) Change		_		
Add				
Remove				
4) Change			•	
Add		·····		
Remove				
5) Change				
Add		<u>. </u>		
Remove				
Kenjove				
6) Change				
Add				
Remove				

	ticles, enter change(s) here: (Be specific)	
and the second s		
		-
	barre made suffication or concellation of ignied shares	
lf an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
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provisions for implementing the ame	endment if not contained in the amendment itself:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) ac	loption: 10-18-12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
DatedDEG	CEMBER 18, 2012
Signature	Just Hart
(B y a d	irector, provident or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
арропі	
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)