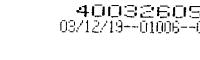
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KABO INVESTM	ENTS, INC.		
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		Steven R. Andrews		
-	_ 	Name of Contact Person		
	Law	Offices of Steven R. Andrev	vs, P.A.	
-		Firm/ Company		
822 N. Monroe St.				
-	Address			
		Tallahassee, FL 32303		
-		City/ State and Zip Code		
		steve@andrewslaw.com		
	E-mail address: (to be us	sed for future annual report i	notification)	
For further information	concerning this matter, pleas	se call:		
Steven R. Andrews		at (<u>850</u>	681-6416	
Name of Contact Person		Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amendi Divisio Clifton	Address ment Section n of Corporations Building secutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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· · · · · · · · · · · · · · · · · · ·				
1171197	Corporation as curren	tly filed with the Florida Dept. of	State)	
M71187				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopt	s the following amendm	ient(s) to
A. If amending name, enter the new nar	ne of the corporation:			
VITIVA, INC.			The nev	11 '
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional corporation	ed" or the abbreviation	n
B. Enter new principal office address, if	fannlicable:	822 N. Monroe Street		
(Principal office address <u>MUST BE A ST</u>		Tallahassee, FL 32303	2019 HAR	
			27 A	نات
		· · · · · · · · · · · · · · · · · · ·	NR SSA	===
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		822 N. Monroe Street	<u> </u>	ĘD
(Stating datitess SINT DE N 1 OS 1 O	<u>II ICE BOX</u> /	Tallahassee, FL 32303		
			55 f. 225 0	
D. If amending the registered agent and			<u>f the</u>	
new registered agent and/or the new	<u>registered office addres</u> N/A	<u> </u>		
Name of New Registered Agent				
	822 N. Monroe St.			
	(Florida s	treet address)		
	Tallahassee		orida	
New Registered Office Address:			(Zip Code)	
	(Florida s		orida	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Steven R. Andrews	822 N. Monroe St.
Add X Remove			Tallahassee, FL 32303
2) Change	D	Michael Saleh	822 N. Monroe St.
X Add			Tallahassee, FL 32303
Remove 3) Change	D	Dorian K. Innes	822 N. Monroe St.
X Add			Tallahassee, FL 32303
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	02/27/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	2/27/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ı t
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/11/20 Dated	019	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Michael Saleh	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	Director	
	(Title of person signing)	