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THE SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Best Bevera	ge Supply Corporation
DOCUMENT NUMBER: P2000003325	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Esther Yoc Kim	
Kaffein8 Company	Name of Contact Person
1650 NW 95 Avenue	Firm/ Company
Dorał, FL 33172	Address
	City/ State and Zip Code
hello@kaffein8.com	
E-mail address: (to be used for future annual report notification)
For further information concerning this matte	r. please call:
Esther Yoc Kim	at () 845-9942
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	 t made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing F Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

Best Beverage Supply Corporation

(Name of Cor	poration as currently	filed with the Florida Dept. of State)
P2000003325		
(Document Number of (Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
Kaffein8 Company		<i>Th.</i>
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	The new """company," or "incorporated" or the abbreviation "o". A professional corporation name must contain the "A."
B. Enter new principal office address, if app	licable:	1650 NW 95 Avenue
(Principal office address MUST BE A STREE		Doral, Fi 33172
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent. Name of New Registered Agent	egistered office address:	LORIUA
	(Florida stree	address)
New Registered Office Address:		Florida
New Registered Agent's Signature, if changin I hereby accept the appointment as registered a	g Registered Agent:	City) (Zip Code) ith and accept the obligations of the position.
	Signature of New Re	gistered 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 RTD.

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:	,	., 5		
X Change	PT	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>Na</u>	me	Address
1) Change			NA	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				···
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Charrie				
6) Change				
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	Pa anasifa)
Anach additional sneets, if necessary).	NA
· · · · · · · · · · · · · · · · · · ·	1
	
If an amendment provides for an eychang	reclassification, or cancellation of issued shares,
provisions for implementing the amendr	nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NA
	10 14
-	
	11
	<u>. </u>
	ll .

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	September 1,201	17
Effective date if applicable:		(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on the		ot meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s)	(<u>C</u> H	ECK ONE)
The amendment(s) was/wer by the shareholders was/we		shareholders. The number of votes east for the amendment(s) approval.
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	 ndment(s) was/were sufficient for approval
by		į."
	(vo	ing group)
☐ The amendment(s) was/wer action was not required.	re adopted by the	
☐ The amendment(s) was/wer action was not required.	re adopted by the	incorporators without shareholder action and shareholder
Septe Dated	mber 1, 2017	
	Det.	1// /-
Signature	alker	Yor Ken
(E	elected, by an inco	thent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	Esther Yoc	 Kim
		Typed or printed name of person signing)
	President	
	-	(Title of person signing)