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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: KING LATIN FO	OD INC	
	BER: P06000088318		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DEMOSTENES HOYOS		
		Name of Contact Perso	n
	KING LATIN FOOD INC		
		Firm/ Company	
	11227 NW 75 TERR		
	-	Address	
	DORAL, FL 33178		
		City/ State and Zip Cod	e
info@	Detaxrefund.us		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
DEMOSTENES HO	ros	305	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	S43.75 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)
Am Div	iling Address endment Section ision of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building
	ahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KING LATIN FOOD INC			
(Name of Corporat	ion as currently filed with the F	orida Dept. of State)	
P06000088318			
(Docur	ment Number of Corporation (if k	iown)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Con</i>	poration adopts the following an	nendment(s) to
A. If amending name, enter the new name of the co	orporation;		
		77.	e new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professio	r "incorporated" or the abbre	eviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	<u></u>	SECRETARY OF TALLAHASSEL. F	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ter the name of the	<u> </u>
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	, Florida	····
	(City)	(Zip Code	9
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.		obligations of the position.	
Sign	nature 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 De	<u>0ę</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	coo		ORLANDO SLEBI	11227 NW 75 TERR
X Add				DORAL, FL 33178
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
•	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

	10/10/2018	
The date of each amendment(s)	deption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholde	cr
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	James Ho	
(Ву а	irector, president of other officer - if directors or officers have not been to, by an incorporator - if in the hands of a receiver, trustee, or other cou	t
appoi	nted fiduciary by that fiduciary)	
	DEMOSTENES HOYOS	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	