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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amenda

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	OR KIDS HOME INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Do	Nalo KAHNESO
	Name of Contact Person
	EN, KAHN+ Protakowsk. P.A.
	Firm/ Company
31	7-71 5t STREET
	Address
Mil	mi BEAch, Florida 33141
C	City/ State and Zip Code
سم/	YERS 9KPPA. COM
	pe used for future annual report notification)
For further information concerning this ma	atter, please call:
CARIOS OTAMENDI	at (305) 785-81/8
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 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, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

OUR KID	S HOME INC.	<u> </u>
(Name of Corporation as currently filed	with the Florida Dept. of S	tate)
(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida following amendment(s) to its Articles of Incorporation:	•	it Corporation adopts the
A. If amending name, enter the new name of the corpo	ration:	
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must coassociation," or the abbreviation "P.A."	Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DIVISION OF
(Muning address MAT BE A POST OFFICE BOX)		L AMIL: 3
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:	 	<u>. </u>
New Registered Office Address: (Florida street address)	_
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I position.	ed Agent: am familiar with and acco	ept the obligations of the
Signature of	New Registered Agent if ch	лиаіна

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1) <u>VP</u>	Carples Otama	15	30 NE 118 ROA Vorth Miami, Hori	+D da 33181
2)				
3)				
4)				
5)				
6)				
If REMOVING a	n officer and/or director, ple	ase list the title(s) a		
removed:	Name	Tidle(e)	Nama	
<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>	
2)		5)		
3)		6)		

atto	ich additional s	heets, if nece	essary).	(Be specific)				
_	•						 	
							· · · · · · · · · · · · · · · · · · ·	
								
				· · · · · · · · · · · · · · · · · · ·				
								
	···							
<u>f</u>	nn amendment	provides fo	r an excl	nange, reclassi	fication, or ca	ancellation o	f issued share	<u> </u>
f a	n amendment ovisions for im (if not applicat	plementing 1	the amen	nange, reclassi dment if not c	fication, or ca	ancellation o he amendme	f issued share ent itself:	<u></u>
f a	visions for im	plementing 1	the amen	nange, reclassi	fication, or ca ontained in t	ancellation o he amendme	f issued share ent itself:	<u></u>
f :	visions for im	plementing 1	the amen	nange, reclassi	fication, or ca	ancellation o he amendme	f issued share ent itself:	<u>S</u> ,
f s	visions for im	plementing 1	the amen	nange, reclassi	fication, or ca	ancellation o he amendme	f issued share ent itself:	<u>S</u> ,
<u>f</u> :	visions for im	plementing 1	the amen	nange, reclassi	fication, or ca	ancellation o he amendme	f issued share ent itself:	
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fire	visions for im	plementing 1	the amen	nange, reclassi	fication, or ca	ancellation o	f issued share	<u></u>

<i>t</i>	on: NOVEMBER 4# 2017
The date of each amendment(s) adoption	(date of adoption - required) +
Effective date <u>if applicable</u> :	(date of adoption - required) # 2011
(no more	than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statement 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 gro	oup)
The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder
DatedNovem	BER 4 ^H 2011
Signature	
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court
	ciary by that fiduciary)
	ZENAIDA HECHEVARRIA
	(Typed or printed name of person signing)
	T RESIDENT
	(Title of person signing)