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11/14/17--01007--014 **35.00

R. WHITE

FILED 17 NOV 13 PH 3: 12

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORAT | ION: KAF RECYCLING | G CORP. | |
|------------------------------|---|--|--|
| DOCUMENT NUMBER | | | |
| The enclosed Articles of A | mendment and fee are su | bmitted for filing. | |
| Please return all correspond | dence concerning this ma | tter to the following: | |
| YO | SVANY GONZALEZ | | |
| | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| 389 | 9 NW 132 ST BAY J | | |
| | | Address | |
| OPA | A LOCKA, FL 33054 | | |
| | | City/ State and Zip Cod | 2) |
| kafrecycii | ng@gmail.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information cor | scerning this matter, pleas | se call: | |
| YOSVANY GONZALEZ | | at (| 587-3750) de & Daytime Telephone Number |
| Name 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) |
| Division P.O. Box | ent Section of Curporations | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation

FILED 17 NOV 13 PH 3: 12

KAF RECYCLING CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) P09000049247 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co" A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 3890 NW 132 ST BAY J B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) OPA LOCKA, FL 33054 C. Enter new mailing address, if applicable: 3890 NW 132 ST BAY J (Mailing address MAY BE A POST OFFICE BOX) OPA LOCKA, FL 33054 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 3890 NW 132 ST BAY J (Florida street address) **OPALOCKA** New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 <math>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 | 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>Name</u> | <u>Addres</u> s |
| 1) Change | S | CORALIA Y CABRERA | 3890 NW 132 ST BAY J |
| X Add | | | OPA LOCKA, FL 33054 |
| Remove | | | - |
| 2) Change | | | |
| Add | | | |
| Remove | | | · |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| ttach additional sheets, if necessary). | (Be specific) |
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| an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| orovisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | |
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| The date of each amendment | 11/09/2017 (s) adoption: | , if other than the |
|--|--|---------------------------|
| date this document was signed. | | |
| | 11/09/2017 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this date ne Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. | |
| | re approved by the shareholders through voting groups. The following statement of for 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) | |
| ☐ The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| 11/09 Dated | /2017 | |
| | (//6/5 | |
| Signature | the director, president or other officer – if directors or officers have not been | |
| | elected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | opointed fiduciary by that fiduciary) | |
| | YOSVANY GONZALEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |