## P0900067347

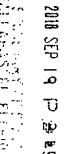
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Certified Copies	Certificate	e of Status
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

÷ ;

NAME OF CORPORATION: KUPFILINTLI	NC
DOCUMENT NUMBER: P09000067347	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
ROCCO VALERIANO	
	Name of Contact Person
	Firm/ Company
10924 NW 67TH STREE	TT.
	Address
DORAL, FLORIDA 331°	78
	City/ State and Zip Code
ROCCO.MBA@GMAIL.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	
ROCCO VALERIANO	at (786 ) 350-4575
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount me	nde payable to the Florida Department of State:
\$35 Filing Fee	
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

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(Name o	of Corporation as currently	filed with the Florida Dept	. of State)	
P09000067347				
	(Document Number of C	Corporation (if known)	·	
Pursuant to the provisions of section 607. tts Articles of Incorporation:	1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	rated" or the al tion name must o	pbreviation contain the
B. Enter new principal office address,		<del></del>		<del> </del>
(Principal office address <u>MUST BE A S</u>	<u>(KEET ADDKESS</u> )			
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u> )			<del></del>
				-
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address:	ss in Florida, enter the nan	ne of the	
new registered agent and/or the nex	REBECCA VALERIANO			
Name of New Registered Agent	TO A PART OF THE P			-
	10924 NW 67TH STREET			_
	(Florida stre	et address)		
New Registered Office Address:	DORAL		, Florida	
		City)	(Zip)	Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		2018 S	
I hereby accept the appointment as regis.	tered agent. I am familiar w	ith and accept the obligation	V24 7	
	·	/		
	19-11	( )	7	LU.
<del></del>	Signature of New Re	egistered Agent, if changing	5-1 80	
			ही । <b>अ</b> ग्र	

## 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 Doc	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Т	REBECCA VALERIANO	10924 NW 67TH STREET
X Add			DORAL, FLORIDA 33178
Remove			
2) Change	<u>s</u>	MONICA VALERIANO	10924 NW 67TH STREET
<b>X</b> Add			DORAL, FLORIDA 33178
Кетоус			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
ARTICLE VII SHOULD READ AS FOLLOW:
TITLE: DPS
ROCCO VALERIANO
10924 NW 67TH STREET, DORAL, FLORIDA 33178
TITLE: VPD
ESTRELLA SAGARZAZU
10924 NW 67TH STREET, DORAL, FLORIDA 33178
TITLE: TREASURER
REBECCA VALERIANO
10924 NW 67TH STREET, DORAL, FLORIDA 33178
TITLE: SECRETARY
MONICA VALERIANO
10924 NW 67TH STREET, DORAL, FLORIDA 33178
ALL THE LISTED ABOVE CORPORATION OFFICERS WILL HAVE EQUAL SHARES PARTICIPATION WITH
25% EACH ONE.
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)

	09/17/2018	if other than th
The date of each amendment(s) add	option:	, if other than th
date this document was signed.	/2018	
Effective date <u>if applicable</u> :	72018	
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendmental ficient for approval.	ent(s)
	oved by the shareholders through voting groups. The following state arch voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	eted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholde	г
09/17/2018		
Dated	<del></del>	
Signature	in Denn-	
	rector, president or other officer - if directors or officers have not b	
,	, by an incorporator – if in the hands of a receiver, trustee, or other	court
/áppointe	d fiduciary by that fiduciary)	
	ROCCO VALERIANO	
	(Typed or printed name of person signing)	
	OPS .	
	(Title of person signing)	<del></del>