P10000014353

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
•		
	::/O\	- 40
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
•	·	•
	ocument Number)	
(D	ocument Number,	1
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	
	-	
ĺ		·

Office Use Only



500291154955

10/14/16--01004--002 **35.00

SHALL BY DE SENT SHALL

OCT 1 4 2016

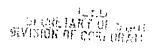
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: KAURI GROUP, C	CORP.	
DOCUMENT NUMBE			<u> </u>
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
M	artha Valverde		
_		Name of Contact Persor	<u> </u>
М	ARTHA VALVERDE,PA		
<u></u>		F: /C	
Q1	6 NE 5th Street	Firm/ Company	
-	O'NE Sui sueet		
		Address	
H	allandale Beach, FL 33009		
_		City/ State and Zip Code	2
marthav	alverde7@gmail.com		
		ed for future annual report	notification)
	L-man address. (10 be as	ed for fatare annual report	nouncation
For further information c	oncerning this matter, pleas	e call:	
Martha Valverde		954 at (de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	rtment 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)
Ameno Divisio P.O. B	Ig Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of



2016 OCT 14 PM 2: 01

KAURI GROUP, CORP.

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P10000014353	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
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>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>ristered Agent:</u> I am familiar with and accept the 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	PABLO A. ANTONELLI	7100 NW 6TH AVENUE
X Add				MIAMI,FL 33150
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				·
Add				
Remove				-

If amending or adding additional (Attach additional sheets, if necessar	y). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
provisions for implementing the (if not applicable, indicate N/A)	
RTICLE IV: 100 shares of stock div	
Romina Antonelli	50 shares
Pablo A. Antonelli	50 shares

The date of each amendment(s) adoption:	if other than the
date this document was signed.	# 11, if other than the SECRETARY OF STATE SEVINDS OF CONFERALL -
October 1st, 2016	2000 000 00 000 000
Effective date if applicable: (no more than 90 days after	amendment file date) 2018 OCT 4 PH 2: 01
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	**
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated 10-03-16 Signature Hambrelli.	
(By a directer, president or other officer - if direc	ctors or officers have not been
selected, by an incorporator - if in the hands of a	receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Romina Antonelli	
(Typed or printed name of per	son signing)
President	
(Title of person signature)	oning)