(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF SHATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPOR	RATION: Kypus, Co	orp.	
	BER: P100000329		
	of Amendment and fee are su		
		_	
Please return all corres	spondence concerning this ma	tter to the following:	
	Roberto Alvarez	Z	
		Name of Contact Person	n
	Kypus, Corp.		
	949 Driekell Ave	Firm/ Company	
	848 Brickell Ave	Address	
	Miami, FL 3313		
		City/ State and Zip Cod	e
ralv	/arezvela@gma	il.com	
<del>_ , </del>		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Roberto Alv	arez	at ( 703	, 791-9474
Name o	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)
	ling Address		Address
	ndment Section sion of Corporations		ment Section on of Corporations
P.O.	Box 6327	Clifton	Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Kypus, Corp			
(Name of Corporation as currently fi	led with the Florid	a Dept. of State)	_
P10000032902			_
(Document Number of	Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Flori</i> e	da Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co".	A professional corporation name must	
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>		DIVISION OF TAKE
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the name of the	RY OF SIATURE CORPORATIONS
Name of New Registered Agent			
<del> </del>	(Florida street ade	lress)	
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	istered Agent: I am familiar with a	nd accept the obligations of the position.	
Signature of New	w 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)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change Add Remove	PS	Merino, Duglas S	848 Brickell Avenue PH-3 Miami, FL 33131
2) Change Add	<u>s</u>	Andrade, Miguel	848 Brickell Avenue PH-3 Miami, FL 33131
3) Change Add Remove		_	THICKING TO COOK
4) Change Add Remove		<del></del>	
5) Change Add Remove	<del></del>	<del></del>	
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
**************************************	

The date of each emerdence ((a)	adoption: May 3, 2012
N.	May 3, 2012
Effective date <u>if applicable</u> : IV	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes case	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	1
<sub>Dated</sub> May	3, 2012
agglect	diffector, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Alvarez, Roberto
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)