P12,000001575

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(Address)				
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COVER LETTER

TO: Amendment Sect Division of Corp				
NAME OF CORPO	RATION: KUBI SERVICIN	G, INC.		
	BER:P12000001575			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	BERENICE IPIA-FELICIA	40		
		Name of Contact Person	1)	
	PRATS FERNANDEZ & CO	O PA		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	999 PONCE DE LEON BLY	D. STE. 1110		
		Address		
CORAL GABLES, FL 33134				
		City/ State and Zip Cod	e	
ADM	IIN@PRATSFERNANDEZ.G	СОМ		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
BERENICE IPIA-FELICIANO		at (444 8333	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State;	SE
\$35 Filling 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)	CKETANY SE LAHASSUT
<u>Ma</u>	lling Address	Street	Address	27)

Malling Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

16 JUL 25 PH 3: 03

Articles of Amendment to Articles of Incorporation of

KUBI SERVICING, INC.		,
(Name of Corporation	as currently filed with the Florida Dept. of State)	6
P12000001575	Pro	
(Documer	Number of Corporation (if known)	E 12
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following am	endment(s) to
a. If amending name, enter the new name of the corr		3.03
	The corporation," "company," or "incorporated" or the abbrew 'Inc," or "Co". A professional corporation name must contain reviation "P.A."	viation
3. <u>Enter new principal office address, if applicable;</u> Principal office address <u>MUST BE A STREET ADDR</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·	(Florida street address)	
New Registered Office Address:	Florida	
New negistered Office Attaress.	(City) (Zip Code,)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I de	ered Agent: on familiar with and accept the obligations of the position.	
Signat	re 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>	<u>John Doe</u>	
X Remove	Y i	Mike Jones	
X Add	<u>sv</u> <u>s</u>	<u>Sally Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	EXVD	JOAQUIN GALI	P.O BOX 140970
			CORAL GABLES, FL 33114
X Remove			
2) Change	EV	CARLOS RIOPEDRE	P.O. BOX 140970
X Add			CORAL GABLES, FL 33114
Remove			
3) Change			
Add			
Remove			
4) Change			
, Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

lf amending o	adding additional Articles, enter change(s) here:
Attach <i>additio</i>	al sheets, if necessary). (Be specific)
	,
· · · · · · · · · · · · · · · · · · ·	
lf an amendu	nt provides for an exchange, reclassification, or cancellation of issued shares.
provisions fo	Implementing the amendment if not contained in the amendment itself:
(if not ap	licable, Indicate N/A)

The date of each amendment(s) ac	JUNE 01, 2016		, if other than the
date this document was signed.	ioption:		_, ii other than the
Effective date if applicable:	(no more than 90 days af	Samuel and Oliver delay	
	(no more than 90 days a)	ter amenament jue aate)	
Note: If the date inserted in this bedocument's effective date on the De		utory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	1	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number Meient for approval.	of votes cast for the amendment(s)	
	proved by the shareholders through voting each voting group entitled to vote sepa		
"The number of votes cast	for the amendment(s) was/were sufficie	ent for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
The amendment(s) was/were add action was not required.	pted by the board of directors without s	shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without share	holder action and shareholder	
JUNE 01, 2 Dated	2016		
	MA	\mathcal{O}	
selected	irector, president or other officer – if di d, by an incorporator – if in the hands o led fiduciary by that fiduciary)		
	JAUME SANPERA	·	5 SEC
	(Typed or printed name of p	ocrson signing)	
	PRESIDENT		ASS
	(Title of person	signing)	