## P13000003479

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SECRETARY OF STATE DIVISION OF CORFORACION

V HERRING APR - 3 2017

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KINSTO	NE MARK	KET INC	
DOCUMENT NUMBER: P1300000347	9		
The enclosed Articles of Amendment and		omitted for filing.	
Please return all correspondence concernit	ng this mat	ter to the following:	
ELENA QUEZAD	A		
-		Name of Contact Person	
KINSTONE MAR	KET INC		
		Firm/ Company	
2901 N. ANDREW	/S AVE		
	<u>-</u>	Address	
WILTON MANOR	RS, FL 333	11	
		City/ State and Zip Code	<del></del>
MONICA@ULTRAITS.	COM		
<b>~</b>		ed for future annual report	notification)
For further information concerning this m	atter, pleas	se call:	
ELENA QUEZADA		9549934571 at (	<b>)</b>
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the following amo	ount made [	payable to the Florida Depa	ertment of State:
S35 Filing Fee		□\$43.75 Fifing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section			lment Section
Division of Corporation P.O. Box 6327	18		on of Corporations
Tallahassee, FL 32314			Building ixecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STAIL DIVISION OF CORPORATION:

KINSTONE MARKET INC

2017 MAR 30 PM 2: 43

	filed with the Florida Dept. of State)
P13000003479	
(Document Number of 0	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
tame must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co., "or the designation "Corp.," "Inc," or "Covord "chartered," "professional association," or the abbreviation "F	'o' A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
<ol> <li>If amending the registered agent and/or registered office address:</li> <li>new registered agent and/or the new registered office address:</li> </ol>	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	vt address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.

## 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 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	SEC	ITMAD LUTFUL	1816 FLAGLER AVENUE
Add			KEY WEST, FL 33040
Remove  2) Change	TRES	RAHMAN TISHAD, RAQIB	1954 SW 180 TERRACE
Add XRemove			MIRAMAR, FL 33029
3) Change			
Add X Remove			
4) Change Add		_	
Remove			
5) Change Add	<u> </u>	_	
Remove			
6) Change Add			
Remove			

Attach additional sheets, if necessary)	cles, enter change(s) here (Be specific)	•		
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5				
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or or dement if not contained is	cancellation of issued	shares,	
(if not applicable, indicate N/A)	idikiicii iint contanica n	t the amendment teses	<u></u>	
	<del></del>	<del></del>	<del></del>	

	03/24/2017	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
03/24/20	17	
Effective date if applicable:	(no more than 90 days after amendment file	a detta)
	ino more man 30 days after amenament fia	: uaie)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirment of State's records.	ements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes cast for the ent for approval.	ne amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The for a voting group entitled to vote separately on the ame	llowing statement ndment(s):
	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and	shareholder
03/24/2017 Dated		
Signature E	or, president or other officer - if directors or officers	
selected, by	or, president or other officer – if directors or officers an incorporator – if in the hands of a receiver, trusted ductary by that fiductary)	have not been e, or other court
ELE	NA QUEZADA	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	