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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Kemppi Stables Inc DOCUMENT NUMBER: P13000069134					
The enclosed Articles of Amendment and fee are sul	bmitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
leter	Weisberg Name of Contact Person				
15300	Jog Rd. Suite 109 Address 1				
<u>le ray</u>	Beach FL 33446 City/ State and Zip Code				
E-mail address: (to be used for fugre annual report notification)					
For further information concerning this matter, please call:					
Peter Weishere Name of Contact Person	at (954) 232-4651 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment

Articles of Incorporation (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain the word		
"Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the		ional corporation name must contain to
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.	<i>X</i>)	
, <u> </u>		
D. If amending the registered agent and/or register		enter the name of the
new registered agent and/or the new registered Name of New Registered Agent	office address:	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept to	he obligations of the position.
Sian	ature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change	S	Kimmo Kemppi	5853 Hamilton Way
Add Remove		·	Boca Raton, FL 3399
2) Change	····		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis of the samendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
1011	
Effective date if applicable: 0 24 16 (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	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 votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	on and shareholder
Dated 10/24/16 Signature Bet West	
Signature Bet West	
(By a director, president or other officer – if directors or o	
selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	trustee, or other court
leter Weisberg	
(Typed or printed name of person signi	ng)
Treasurer	
(Title of person signing)	