# P14000000587

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Amendrame 10/10/14

## **COVER LETTER**

TO: Amendment Sect Division of Corp				
NAME OF CORPO	RATION: KAFE, INC			
DOCUMENT NUMBER: P14000067587				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:		
	GREG K GONZA	LEŻ, CPA		
Name of Contact Person				
GREG K GONZALEZ, CPA, P.A.				
Firm/ Company				
	5201 BLUE LAG		300	
	1414141 EL 00400	Address		
	MIAMI, FL 33126			
		City/ State and Zip Cod	e	
GR	EG@GREGGON	ZALEZCPA.CO	M	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
		205	242 2760	
	NZALEZ, CPA	at (305	342-3760	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	

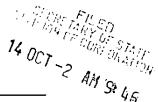
## Mailing Address

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

# Street Address

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

### Articles of Amendment to Articles of Incorporation of



KAFE, INC			~ AM St 4
(Name of Corporation as currently	filed with the Florida Dept. o	of State)	
P14000067587			
(Document Number o	of Corporation (if known)		<del></del>
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit</i>	Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name of the c	corporation:		
KATIA FERNANDEZ, PA			The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A profe		
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE Be	<u>ox</u> )		
D. If amending the registered agent and/or registe		, enter the name of	the
new registered agent and/or the new registered	d office address:		
Name of New Registered Agent		···-	
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	•	(Zip Code)
New Registered Agent's Signature, if changing Re			
hereby accept the appointment as registered agent.	I am familiar with and accep	t the obligations of t	he position.

Signature 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>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
BUSINESS PURPOSE: REAL ESTATE SERVICES
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
<del></del>

The date of each amendment(s) adoption: 09/23/2014	, if other than the
date this document was signed.	
Effective date if applicable: 09/23/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_09/13/2014	
Signature X Atia Ferandez	<del></del>
(By a director, president or other officer - if directors 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)	
KATIA FERNADEZ	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	