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15 JUL -6 PM 4:01

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KUKO'S FOOD	CORP	
DOCUMENT NUMBER: P15000004715		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Emidio D'Natali		
-	Name of Contact Person	
KUKO'S FOOD CORP		
	Firm/ Company	
8765 NW 89 CT		
	Address	
Miami, Florida 33178		
	City/ State and Zip Code	
emidiomario@gmail.com		
	used for future annual report notification)	
	·	
For further information concerning this matter, ple	ase call:	
Emidio D'Natali	at (786 537-6460	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:	
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

FILED
SECRETARY OF STATE
OIVISION OF CORPORATIONS

15 JUL -6 PM 4: 02

KUKO'S FOOD CORP

(Name o	of Corporation as cu	rrently filed with the Florid	a Dept. of State)
P15000004715			
	(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statute	s, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporati	ion:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,	" or "Co". A professional o	
B. Enter new principal office address.	if annlicable.		
(Principal office address MUST BE A S		<u></u>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
(Maning dutiess MAT BE AT UST)	OFFICE BOX		
		 	
D. If amending the registered agent an			he name of the
new registered agent and/or the new		ddress:	
Name of New Registered Agent	CRUZ, MARIN		
	8765 NW 98 CT		
	(Flo.	rida street address)	
V . B	MIAMI, FL	·	33178
New Registered Office Address:		(City)	, Florida
		(0.13)	(Esp Code)
New Registered Agent's Signature, if c	hanging Pogistered	A gent:	
I hereby accept the appointment as regist			gations of the position.
	Signutu re (J	New Registered Agent, if char	nging

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.

<u>X</u> 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
1) Change	М	OTI, ANGEL	8765 NW 98 CT
Add			MIAMI, FL 33178
X Remove			
2) Change	T	MAZZONE, JOSE G	8765 NW 98 CT
Add			MIAMI, FL 33178
X Remove			
3) X Change	T	D'NATALE, EMIDIO	8765 NW 98 CT
Add			MIAMI, FL 33178
Remove			
4) Change	P	CRUZ, MARIN	8765 NW 98 CT
X Add			MIAMI, FL 33178
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
1	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an amount of the amendment itself:
If 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 an analysis of issued shares. Induction of contained in the amendment itself:
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

	01/01/2015		
The date of each amendment(s) a date this document was signed.	•		SEGRETARY OF STATE
01/ Effective date <u>if applicable</u> :	/01/2015		DIVISION OF CORPORATIONS
енеснуе авте <u>и аррисавте</u> :	(no more than S	00 days after amendment fi	le da 18 JUL -6 PH 4: 02
Note: If the date inserted in this document's effective date on the D		cable statutory filing requ	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were s		e number of votes cast for	the amendment(s)
☐ The amendment(s) was/were ap must be separately provided fo			
"The number of votes cas	t for the amendment(s) was/we	re sufficient for approval	
by	(voting group)	,17	
	(voting group)		
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors	s without shareholder actio	n and shareholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators with	hout shareholder action and	i shareholder
06/22/201 Dated Signature	5	July 1	
(By a	director, president or other offi	ger — if directors or officer	s have not been
selecti	ed, by an incorporator - if in th	e hands of a receiver, trust	
appoi	nted fiduciary by that fiduciary)	
	EMIDIO M	DI NATA	LĒ
	(Typed or printed	name of person signing)	
	TESO	AERO	
	(Title	of person signing)	