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			Division of Cor	'px	orations	
			Fax Number	:	(850)617-6380	
	4:39 Teles	Erron:	Account Name Account Number Phone Fax Number	:	LAZARUS CORPORATE FILING SERVICE, INC. 120000000019 (305)552-5973 (305)675-5944	
C) MA DC	**Ent	annual	email address for report mailings	r -	this business entity to be used for futu Enter only one email address please.**	rė

COR AMND/RESTATE/CORRECT OR O/D RESIGN GRUPO KML INC

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Articles of Amendment Articles of Incorporation 15 MAY -4 AM 8: 53

GRUPO KML INC (Name of Corporation as currently filed with the Florida Dent. of State) P15000039041 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." **8440 NW 58 STREET** B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) DORAL FLORIDA 33166 C. Enter new malling address, if applicable: 14750 SW 26 STREET SUITE 215 (Mailing address MAY BE A POST OFFICE BOX) MIAMI FLORIDA 3318\$ D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered 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 Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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address of each Officer (Attach additional sheets, Please note the officer/di P = President; V= Vice	and/or I , if neces rector tit Presiden	Director b sary) le by the fi it; T= Tred	eing added Frst letter of asurer; S= ,	: The office tit Secretary; L	le:)= Director; TR	icer/director being removed and title, uame, R= Trustee; C = Chairman or Clerk: CEO = 6 ore than one title, list the first letter of each o	Chief
a change, Mike Jones led	i in the fo tves the c	dlowing m corporatio	ranner. Cw rt, Sally Smi	ith is named	Doe is listed as the V and S. Th	the PST and Mike Jones is listed as the V. The lese should be noted as John Doe, PT ax a Cha	re is nge,
Mike Jones, V as Remove Example:	s, and Sa	uy Smun, ,	SV as an Ad	ld.			
X Change	PT	John Doc					
X Remove	<u>v</u>	Mike Jo	<u>mes</u>				
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title		Name			Address	
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SECRETARY OF STATE DIVISION OF CORPORATION:

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The date of each amendment(s) adoption:		<u> 15 MAY -4</u>	44 8: 23	if o	ther then the
date this document was signed.					
Effective date if applicable: US	04/2019	<u> </u>	<u> </u>		
•	(no more t	han 90 days aft	er amendment fi	le date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the of State's reco	applicable state	rtory filing requi	rements, this date will not be	listed as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by to by the shareholders was/were sufficient for	he shareholders or approval.	s. The number	of votes cast for t	he amendment(s)	
The amendment(s) was/were approved by must be separately provided for each von					
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by			, to		
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☐ The amendment(s) was/were adopted by the action was not required.	re incorporator	s without share	holder action and	shareholder	}
Dated 05 04	7015				
Signature >-	EINETE	+ CHiri	کویہ		
(By a director, po					1
selected, by an i appointed fiduci			a receiver, trust	se, or other court	l
	KI	ELINETH CHU	RINOS		
	(Typed or pr	inted name of p	erson signing)		_
		PRESIDEN	T		
		Title of person	signing)		

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