P1500048793

(Requestor's Name)				
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MAY 2 4 2016

R. WHITE

16 MAY 23 AM 9:4

COVER LETTER *

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE MOKKA GR	OUP INC				
DOCUMENT NUM	BER: P15000048793					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	KLER DO MILLER					
		Name of Contact Person	1			
	HISTORIC FINANCIAL SERVICES INC					
		Firm/ Company				
	431 N SUMMERLIN AVE					
		Address				
	ORLANDO, FL 32803					
		City/ State and Zip Code	2			
· . ·	mile	! !				
	nikoboi2108@gm	n a I I . C o m sed fò r ' future annua l r eport'	notification)			
	E-man address. (to be us	sed for future annual report	nouncation)			
For further information	on concerning this matter, pleas	se call:				
KLER DOMILLER		at (321	945-3797 de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend	Address Iment Section			
	vision of Corporations	Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED 16 MAY 23 AM 9: 47

THE MOKKA GROUP INC

SECRETARY OF STREET

	MAAU ANF 的 10毫距
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P15000048793	
(Document	t Number of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration: NA
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	NA
C. Enter new mailing address, if applicable: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent: NA
	um familiar with and accept the obligations of the position.
, , ,,	
Signatur	re 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	SV Sally Smith			
Type of Action (Check One)	Title		Name	Address
1) X Change	PRES	_	NHORA QUINTERO	
Add				
Remove				
2) X Change	VICE I	Pj —	NIKOLE BOISSETT	
Add				
Remove				-14879889-
3) Change		_		
Add				
Remove				
4)Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
Kemove				
6) Change		_		
Add				
Remove				

h additional sheets, if necessary). (Be speci	jic)		
	·		
amendment provides for an exchange, recla	scification or can	cellation of issued	eharoe
isions for implementing the amendment if i	not contained in th	e amendment itsel	E NA
(if not applicable, indicate N/A)			10 1
			, , , , , , , , , , , , , , , , , , ,

•	5/18/2016		
The date of each amendment(s date this document was signed.	s) adoption:		, if other than the
	05/18/2016		
Effective date <u>if applicable</u> :	(no more than §	00 days after amendment file date)	
Note: If the date inserted in the document's effective date on the		cable statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were by the shareholders was/were		e number of votes cast for the amendment(s)	
		ough voting groups. The following statemen vote separately on the amendment(s):	t
	ast for the amendment(s) was/we	• •	
by	(voting group)	,,,	
	(voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors	without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators with	nout shareholder action and shareholder	
5/18/20 Dated	16		
Signature			
sele		cer – if directors or officers have not been e hands of a receiver, trustee, or other court)	
	NHORA QUINTERO		
	(Typed or printed	name of person signing)	
	PRESIDENT		
	(Title	of person signing)	