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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: KCS GROUP Jnc.					
DOCUMENT NUMBER: P 15 000 10 1891					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
henelva Castrillon					
Name of Contact Person Lnc.					
18503 Pines Blud # 314 Para Address					
1 em Brace Pires FL 33029					
City/ State and Zip Code					
Lenelva Castrilon to Taxcare Inc. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
henelva Custrillon = + +86, 343-2719					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Opy (Additional Copy is enclosed) Certificate Opy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment

to
of Incorporation

Articles of Incorporation of
Les Group, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P 15000 101891
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
(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

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
1)Change		Oscar Javier	18503 Pines Blud
<u>✓</u> Add		Castrillon	#314 Pembrola PILS FL 33029
Remove			1 emission rips FC 33029
2) Change	9	Canmen Gloria	18503 Pines Blud
Add		Sierra	#314
Remove			Pembroke Pires FL 33029
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<u>me or adding additional A</u> dditional sheets, if necessar	Articles, enter change(s) here: y). (Be specific)	
n	1 ^		
	11		
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			•
•			•
If an ame	endment provides for an e	exchange, reclassification, or cancellation of issued shares,	
provisio	ons for implementing the a	amendment if not contained in the amendment itself:	
	not applicable, indicate N/A)	
<u> </u>	<u> </u>		
	1		

The date of each amendment(s) adoption:date this document was signed. ,	, if other than the
Effective date if applicable:	
(no more than 90 day:	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	statutory filing 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 numb by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through very must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shaction was not required.	areholder action and shareholder
Dated 07/20 /2016.	
Dated 07/20/2016. Signature Perulia Custitelo	i f
(By a director, president or other officer – i selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
Henelv9 (Typed or printed name	Castrillon of person signing)
Presi	
(Title of per	son signing)