## P16000054116

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ac                     | ldress)            |                 |
| (Ac                     | ddress)            |                 |
| (Cit                    | ty/State/Zip/Phone | <del>= #)</del> |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | usiness Entity Nan | ne)             |
| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                            | ATION: KYGA INC.                          |  |  |
|---|---|--|--|
| DOCUMENT NUMB                             | ER: P16000054116                          |  |  |
|   | of Amendment and fee are su               | bmitted for filing.  |  |
| Please return all corres                  | pondence concerning this ma               | tter to the following:   |  |
|   | Mailyn Jaramillo                          |  |  |
| •   | · <del>-</del>                            | Name of Contact Person   | 1  |
|   | KYGA INC.                                 |  |  |
| •   | <del> </del>                              | Firm/ Company  | ,  |
|   | 9709 Hammocks Blvd. #102                  |  |  |
|   |   | Address  |  |
|   | Miami, FL 33196                           |  |  |
| •   |   | City/ State and Zip Cod  | e  |
| maily                                     | njaramillo@gmail.com                      |  |  |
|   | E-mail address: (to be us                 | sed for future annual report                                       | notification)  |
| For further information                   | concerning this matter, pleas             | se call:   |  |
| Mailyn Jaramillo                          |   | 786<br>at (  | 383-3080   |
| Name o                                    | of Contact Person                         |  | de & Daytime Telephone Number  |
| Enclosed is a check for                   | the following amount made                 | payable to the Florida Depa  | artment of State:  |
| ■ \$35 Filing Fee                         | S43.75 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         |   | Ameno  | Address Iment Section  |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporations Clifton Building                          |  |
| Tallahassee, FL 32314                     |   |  | Executive Center Circle  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| KYGA INC.   |   |   |  |
|---|---|---|--|
| (Name   | of Corporation as current                             | tly filed with the Florida Dept. of State)  |  |
| P16000054116  |   |   |  |
|   | (Document Number of                                   | of Corporation (if known)   |  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:  | 1006, Florida Statutes, this                          | Florida Profit Corporation adopts the following amendment(s) to   |  |
| A. If amending name, enter the new na   | ame of the corporation:                               |   |  |
|   |   | The new   |  |
|   | ation "Corp," "Inc," or                               | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> ) |   | 9709 Hammocks Blvd. #102  |  |
|   |   | Miami, FL 33196   |  |
|   |   |   |  |
|   |   |   |  |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST   |   | 9709 Hammocks Blvd. #102  |  |
| (   | <u>011100 2011</u> /                                  | Miami, FL 33196   |  |
|   |   |   |  |
|   |   | -   |  |
| D. If amending the registered agent ar  |   |   |  |
| new registered agent and/or the ne  | <u>w registerea office addres</u><br>Mailyn Jaramillo | <u>ss:</u>  |  |
| Name of New Registered Agent  |   |   |  |
|   | 9709 Hammocks Blvd. #                                 |   |  |
|   | (Florida s<br>Miami                                   | treet address) 33196  |  |
| New Registered Office Address:  |   | , Florida   |  |
| New Registered Agent's Signature, if o  | hanging Registered Agen                               | (City) (Zip Code)   |  |
|   |   | 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 Do     | <u>e</u>         |                          |
|-------------------------------|--------------|-------------|------------------|--------------------------|
| X Remove                      | <u>v</u>     | Mike Jo     | <u>nes</u>       |                          |
| X Add                         | <u>sv</u>    | Sally Sn    | <u>nith</u>      |                          |
| Type of Action<br>(Check One) | <u>Title</u> |             | Name             | <u>Addres</u> s          |
| 1) Change                     | P            |             | Mailyn Jaramillo | 9709 Hammocks Blvd. #102 |
| X Add                         |              |             |                  | Miami, FL 33196          |
| Remove                        |              |             |                  |                          |
| 2) Change                     |              |             |                  |                          |
| Add                           |              |             |                  |                          |
| Remove                        |              |             |                  |                          |
| 3) Change                     |              | _           |                  | - <del></del>            |
| Add                           |              |             |                  |                          |
| Remove                        |              |             |                  |                          |
| 4) Change                     |              | <del></del> |                  |                          |
| Add                           |              |             |                  |                          |
| Remove                        |              |             | •                |                          |
| 5) Change                     |              |             |                  |                          |
| Add                           |              | <del></del> |                  |                          |
| Add Remove                    |              |             |                  |                          |
| Kemove                        |              |             |                  |                          |
| 6) Change                     |              | _           |                  |                          |
| Add                           |              |             |                  |                          |
| Remove                        |              |             |                  |                          |

|  | (Be specific)  |
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| <u>provisions for implementing the ame</u>   | nange, reclassification, or cancellation of issued shares, and and an analysis |
| an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis |
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| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, and and amendment itself:   |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, and and amendment itself:   |

| The date of each amendment(s) adoption:   | , if other than the           |
|---|-------------------------------|
| date this document was signed.  |                               |
| Effective date if applicable:   |                               |
| (no more than 90 days after amendment file date)  |                               |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.   | ate will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                               |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.   | (s)                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):                                     | ient                          |
| "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 sharehold action was not required.   | ler                           |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |                               |
| Signature  (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)  Mailyn Jaramillo |                               |
| (Typed or printed name of person signing)   |                               |
| President   |                               |
| riesident   |                               |

(Title of person signing)