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JUL 0 6 2017

C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KINGSMAKE	GR, INC.	
DOCUMENT NUMBER: P17000004794		
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
SEVERINE GIANESE-F	PITTMAN, ESQ.	
***************************************	Name of Contact Person	
Glanese-pittman, p	P.A.	
	Firm/ Company	
100 N. BISCAYNE BLV		
_	Address	
MIAMI, FL 33132		
	City/ State and Zip Code	
SGIANESE@SGPITTMAN.CO	OM	
-	e used for future annual report notification)	
2 11 440.000. (10 0	a used for fature annual report nonnearion)	
For further information concerning this matter, p	elease call:	
SEVERINE GIANESE-PITTMAN, ESQ.	at (305 722-5986	
Name of Contact Person Area Code & Daytime Telephone Numb		
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Statu		
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

MII JUN 26 MIO: 53

Articles of Amendment Articles of Incorporation of



KINGSMAKER, INC.	<u>`ठ</u>
(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000004794	To the second se
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp" "Inc.," or Co" or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
	·
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	•
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture 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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	CYRIL TRAGIN	18 RUE DROUOT 75009
Add X Remove			PARIS, 75009 FR
2) Change	P	RUDY THAZARD	23 IMPASSE CATLEYAS
X Add		 .	97430 LE TAMPON
Remove 3) Change	VP	DAVID LALLEMAND	17 RUE AMIRAL LACAZE
X Add			97400 SAINT-DENIS
Remove			FRANCE
4) Change	S	SANDRINE MAILLOT	19 IMP RAPHAEL COCHARD
X Add			97437 SAINTE-ANNE
Remove			FRANCE
5) Change	<u>T</u>	ERIC ANTOINETTE	76 CHEMIN CALEBASSE
X Add			BOIS DE NEFLES COCOS
Remove			97450 ST-LOUIS (REUNION) FR
6) Change			
Add			
Remove			

Attach <i>addi</i>	ional sheets, if necessary). (Be specific)	
		
•		
		
		·
		<u>,</u>
lf an amen	ment provides for an exchange, reclassification, or cancellation of issued shares,	
(if not	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
	ND THE SHARES TO 9600 SHARES.	
· · ·		
		

The date of each amendment(s) adoption:	, if other than the
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 date will document's effective date on the Department of State's records.	II 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RUDY THAZARD	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	