Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001884423)))



H170001884423ABC2

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T>0

Division of Corporations

Fax Number : 1850;617 6380

from:

Account Name : PEDFO LUZQUINOS Account Number : 120170000042

Phone : (951)655-8413 Fax Burne: : (954)432-8807

\*\*Enter the email address for this business entity to be exact fut future annual report mailings. Enter obly one email address please.\*\*

mail address: Pluzguinos/ Wholmail. com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN KHALI M CORP

* ************************************				
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## **COVER LETTER**

TO: Amendment Sect Division of Corp			
NAME OF CORPO	RATION: KHALI M CORP		
	BER:P17000037430		,
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAX GIL		
		Name of Contact Person	
		Firm/ Company	
	1845 NW 20TH ST		
	MIAMI, FI. 33142	Address	
		City/ State and Zip Code	
		City/ State and Zip Code	•
PLU	ZQUINOSF@HOTMAIL.CO		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	sc call:	
PEDRO LUZQUINO		8I (	655-8413
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	uriment of State:
S35 Filing Fee	☐\$43.75 Filing Fcc & 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)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 F	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

	ロコナリレい	850-61	7-0301	,
	1171000		17	: L.
	Articles of A	nendment	•	
	to Articles of Inc	prooration	57	
	of			
KHALI M CORP				
	e of Corporation as currently	tiled with the Flo	orida Dept. of State)	
P17000037430			<del></del>	
	(Document Number of	Corporation (if kin	own)	
Pursuant to the provisions of section 60	7.1006, Florida Statutes, this	Florida Profit Corp	poration adopts the follo	wing amendme
its Articles of Incorporation:				
A. If amending name, enter the new	name of the corporation;			
	<u></u>			The new
name must be distinguishable and co "Corp.," "Inc.," or Co,," or the design word "chartered." "professional associations	gnution "Corp," "Inc," or "	Co". A profession	r "incorporated" or the nal corporation name m	e abbreviation ust contain the
		, 1845 NW 20TH	I ST	
B. Enter new principal office address (Principal office address MUST BE A		MIAMI, FL 33	142	
		MAMI, FI. 33	<del></del>	<del>_</del>
C. Enter new mailing address, if app	olicable:	1845 NW 20TH	f ST	
(Mailing address MAY BE A POS"	T OFFICE BOX)	h41 6 h 41 1/1 2 2 1	140	
		MIAMI, FL 331		
		<del></del>		
D. If amending the registered agent	nnd/or registered office add	ress in Florida, en	ter the name of the	
D. If amending the registered agent new registered agent and/or the n	and/or registered office address	ess in Florida, enu	ter the name of the	
D. If amending the registered agent new registered agent and/or the n	ew registered office address	ess in Florida, end	ter the name of the	
new registered agent and/or the n	ew registered office address	ess in Florida, end	ter the name of the	
new registered agent and/or the n	ew registered office address  1845 NW 20TH ST	ess in Florida, enu		
new registered agent and/or the n	1845 NW 20TH ST (Florida str	<u> </u>		12
new registered agent and/or the n	1845 NW 20TH ST (Florida str	<u> </u>	rer the name of the	N2 Zip (Code)
new registered agent and/or the n	1845 NW 20TH ST (Florida str	eet addressi		N2 Zip Code)
new registered agent and/or the n  Name of New Registered Agen  New Registered Office Address	1845 NW 20TH ST (Florida str	eet addressi (City)		N2 Zip Code)
new registered agent and/or the n	1845 NW 20TH ST  (Florida str.)  MIAMI  Changing Registered Agent	eet addressi (City)	, Florida 3314	
New Registered Agent's Signature, if	1845 NW 20TH ST  (Florida str.)  MIAMI  Changing Registered Agent	eet addressi (City)	, Florida 3314	

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.

X Change	<u> 10 10 10 10 10 10 10 10 10 10 10 10 10 </u>	hn Doe	
X Remove	Y M	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	LYL GIL	1845 NW 20TH ST
X Add			MIAMI, FL 33142
Remove			
2)Change	<del></del>		
Add			
Remove			
3)Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CHANGE OF REGISTERED AGENT AND OFFICER ADDRESS
Registered Agent Name & Address
GIL, MAX
OLD ADDRESS
435 SW 17 TH AVE, MIAMI I'L 33135
NEW ADDRESS
1845 NW 20TH ST , MIAMI FL 33142
Officer/Director Detail Name & Address
Title P
GIL, MAX
OLD ADDRESS
435 SW 17 TH AVE, MIAMI FL 33135
NEW ADDRESS
1845 NW 20TH ST , MIAMI FL 33142
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N/A)

	07/18/2017	
The date of each amendment(s)	adoption:	_, if other than the
date this document was signed.		_
	7/18/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ist for the amendment(s) was/were sufficient for approval	
by	(voling 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 a action was not required.	idopted by the incorporators without shareholder action and shareholder	
07/18/20 Dated	017 	
Signature	Max Gil	
(By s selec	director, president or other officer if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	MAX GIL	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	