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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KAMI GROUPI C	CORP		
DOCUMENT NUM	BER:	17000050	וררי	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ANABELLA PEPE			
		Name of Contact Pers	on	
	KAMI GROUP 1 CORP			
		Firm/ Company		
	5709 NW 158 STREET			
		Address		
	MIAMI LAKES FL 33014			
		City/ State and Zip Co	de	
IRI (@ALGOFLAW.COM			
		sed for future annual repor	t notification)	
	<u> </u>			
For further information	on concerning this matter, pleas	se call:		
ANABELLA PEPE		.786	288.2000	
Name of Contact Person		at ()		
Englosed is a check f	or the following amount made			
Eliciosed is a clicca in	or the ronowing amount made	payable to the 1 fortal 150	And the first of Sale.	
■ \$35 Filing Fee	□\$43.75 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			t Address	
	endment Section		idment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KAMI GROUP 1 CORP.			
(Name of Corpo	ration as currently filed	with the Florida Dept. of Sta	te)
P17000050771			
(Do	ocument Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida	Profit Corporation adopts the	e following amendment(s)
A. <u>If amending name, enter the new name of th</u>	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A	ompany," or "incorporated" A professional corporation na	or the abbreviation
B. Enter new principal office address, if application			
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)		
			
		and the last of th	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
			24/2 7
D. If amending the registered agent and/or regi	istored office address in I	Florido, enter the name of the	
new registered agent and/or the new register		Plot jud, citter tije flajtie of the	
Name of New Registered Agent			
mana of the resistered reserve	<u> </u>		E O
-24/00/20	(Florida street addr	ess)	
Non-Positional Office Address.	·	, Florida	
New Registered Office Address:	(City)	, FIOIIG	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	I accept the phlications of the	nocition
i nerevy accept the appointment as registered age	n. 1 am jamutar wun and	i accept the obligations of the	position.
	Signature of New Register	ed 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.

X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	nith_	•
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	 			
Add				- AA(
Remove				
2)Change		_		
Add				
Remove				
3) Change		_		to the second se
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		-		4 14 A 14 TH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Add				
Remove				

If amending or adding additional to (Attach additional sheets, if necessar	Articles, enter change(s) here: y). (Be specific)
HIS BUSINESS WILL BE PURCHAS	SING AND REHABING PROPERTIES
1700	
If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendme ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	31 	
	(voting group)	
☐ The amendment(s) was/were ado; action was not required.	oted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
06.30.2017		
Dated	7 17	
Signature		
Dy & di	president or other officer - if directors or officers have not be	
	, by an incorporator - if in the hands of a receiver, trustee, or other c	ourt
appoint	d fiduciary by that fiduciary)	
	ANABELLA PEPE	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	