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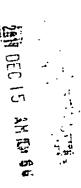
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KQ EQUITIES IN	C		
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corres	pondence concerning this ma	tter to the follo	wing:	
	STACY SAND			
		Name of Co	ontact Person	1
	KQ EQUITIES			
		Firm/ (Company	
	6538 COLLINS AVE 429			
		Ad	dress	
	MIAMI BEACH, FL 33141			
		City/ State	and Zip Code	·
STAC	Y@SANDCPA.COM			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	se call:		
STACY SAND		at (305	861-6653 X801 de & Daytime Telephone Number
Name o	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 phassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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KQ EQUITIES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000089036 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) _, Florida New Registered Office Address: (City) 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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	· Smith	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VP	GILBERT SAND	6423 COLLINS AVE, APT 206
Add			MIAMI BEACH, FL 33141
Remove			
2) Change	SECTY	LILY SAND	6423 COLLINS AVE, APT 206
X Add			MIAMI BEACH, FL 33141
Remove			
3) Change	TREAS	RACHEL TORGUEMAN	6538 COLLINS AVE #429
X Add			MIAMI BEACH, FL 33141
Remove			
4) Change			
Add			·
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this expartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendmen afficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,	
·	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
	ER 11, 2017	
Dated		
Signature		
(By a c	firector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	STACY SAND	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	