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.

Electronic Filing Cover Sheet

(((H18000208002 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TAXLEAF.CON INC Account Number : 120140000084 : (305)541-3980

: (888)772-8108 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN

KMM SERVICES CORP Certificate of Status Certified Copy 0 Page Count 04Estimated Charge \$35.00

JUL 1 9 2018

I ALBRITTON!

Electronic Filing Menu

Corporate Filing Menu

Help

## H180002080023

Articles of Amendment to Articles of Incorporation of

KMM SERVICES CORP	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P18000060840	
(Document Number of Corporation (if	cown)
Pursuant to the provisions of section $607,1006$ , Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	. 12
C. Washington address if anytheride.	ALE SEE T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	To the second second
B. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<del></del>
(Florida stree	i address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Ac	vent, if changing

## H18000208002 3

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 = Praxident; 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: <u>X</u> Change	PT	John Doc	
X Remove	Y	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
 Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>Р</u>	KIMBERLY M MOREL DELGADO	3620 NW 98TH ST
Add			MIAMI, FL 33147
Remove		·	
2) Change	P	KIMBERLYN MAHOLY MOREL DELGADO	3620 NW 98TH ST
Add			MIAMI, FL 33147
Remove			
3) Change			
Add.			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	•		
o) Change			
Remove			

Page 2 of 4

## H18000208002 3

	necessary). (Be specific	;)	
	•		
			<del></del>
			<u> </u>
<del></del>			<del></del> -
·			
			<del></del>
			· · · · · · · · · · · · · · · · · · ·
	· <del></del>		
		· · · · · · · · · · · · · · · · · · ·	
	•		
	<del></del>	<del> </del>	
	<del></del>		
If an amendment accorder	for an exchange, reclass	lification, or cancellati	on of issued shares,
<ul> <li>ALTHER RESTRICTION FOR DECENTAGES.</li> </ul>	ng the amendment if not	contained in the ame	ndment Itself:
provisions for implemently	. 17/45		
provisions for implemental (if not applicable, indicable, indicable)	tale N/A)		
provisions for implemently			
provisions for implemently	cate N/A)		
provisions for implemently			
provisions for implemently			
provisions for implementing			
provisions for implementing			
provisions for implemently			

Page 3 of 4

## H18000208002 3

The date of each amendment date this document was signed		, if other than t
Effective date if applicable:	JULY, 17TH, 2018	
Distance Sales of Harristians.	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote superately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder . The adopted by the incorporators without shareholder action and shareholder	
Does JUL	Y, 17TH, 2018	
Signature (	Hloo.	
(B	y a director, president or other officer - if directors or officers have not been	<del></del>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed tiduciary by that fiduciary)	
	KIMBERLYN MAHOLY MOREL DELGADO	
	(Typod or printed name of person signing)	<u></u>
	PRESIDENT	
	(Title of person signing)	_