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2019 OCT -8 AM 9: 04



COVER LETTER

TO: Amendment Section

Division of Corpo	prations			
NAME OF CORPOR	ER: P190005	K Pine Gro	op Mianii Corp.	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Courad	Sanguint	in	
e .	CreekP	Sawguint Name of Contact Persor The Group Firm/ Company	MAMI	
	21415 NW	Firm/ Company (Inij 508	
	Miani G:	Address Ard PIUS FL City/ State and Zip Code	33169	
		City/ State and Zip Code	e	
	Courads C E-mail address: (to be us	OCIOTO, NOT, C ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
Conrad	SANGUINTIN	at (_305	946-9025	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	irtment of State:	
★ \$35 Filing Fee	☐S43.75 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)	
	ling Address		Address	
	ndment Section sion of Corporations		lment Section on Organizations	
P.O.	Box 6327	Clifton	Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

				<u></u>	
(<u>Name of C</u>	Corporation as currently			_	٨٨
P19	000055877	(re	ek Pin	10 Grou	in Ac
	(Document Number of C	Corporation (if known)	_		- ;
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	lorida Profit Corporat	ion adopts th	e following ame	endment(s) to
A. If amending name, enter the new name	e of the corporation:				
				au	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," or "C	o". A professional co	ocorporated" prporation no	or the abbrev	riation
B. Enter new principal office address, if a					
(Principal office address MUST BE A STR	EET ADDRESS)			ან ე)
C. Enter new mailing address, if applica				8-8	es.es.
(Mailing address <u>MAY BE A POST OF</u>	FICE B <u>OX</u>)		· · · ·	3 A	
				9:0	* m • b*
D. If amending the registered agent and/onew registered agent and/or the new r		ss in Florida, enter th	e name o <u>f th</u>	<u>e</u>	
	(purad	SALAMATI	и		
Name of New Registered Agent	OKED ALL	17th <+	< +. 1 ¹	<u> </u>	
	(Florida stree	<u> </u>	Hul I	<u> (1/1) </u>	
	1	i titati essy		22171	,
New Registered Office Address:	Dag	City)	, Florid	a DIZL	<u></u>
	ic	-uy)		(r.if) Colle)	
New Registered Agent's Signature, if cha	nging Registered Agent:				
I hereby accept the appointment as registered		th and accept the oblig	gations of the	position.	
	42				
	Signature of New Reg	gistered Agent, if chan	ging		

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>	Name	<u>Addres</u> s
1) Change	<u> P</u>	Conrad Sangunitin	8550 NW 17Th St.
X Add			Str 110A Doral FL 33126
Remove			<u> </u>
2) K Change	Nb	CESAr Novembo	8550 NW 17th St
Add			Ste. 110A
Remove			Doral FL 33126
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Ar eets, if necessary).	(Be specific	⁾				
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f an amendment p	rovides for an exc	change, reclas	sification, or	cancellation o	f issued share	S.	
provisions for imp	lementing the am	endment if no	t contained in	the amendm	ent itself:		
1,, 0, 10, 10, 10, 10, 10, 10, p	ole, indicate N/A)						
(if not applicab							
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The date of each amendment(s) addate this document was signed.	ption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the three date is records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appropriate the separately provided for a	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	(voting group)
The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder
Dated O	1. 2, 2019 (12 18)
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)

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