P190000 59678

(Requestor's Name)
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(Only State/Zip/) Hone #)
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03/20/20 -01018--004 **43.75



APR 02 7070 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations Kapot & Muper Corp NAME OF CORPORATION: ___ P19000059678 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Merlin K. V. vas V& Ptechnibusiness Corp Firm/ Company 120 Nw 114th Ave Apt 101, Miam: Fl Miomi, Fl 33172 City/ State and Zip Code For further information concerning this matter, please call: at (386) 616 5009

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

☐ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$\infty\$\$\infty\$\$\$\$3.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment

to

Articles of Incorporation

of

Kabot & Muper Corp	
(<u>Name of Corporation às currently</u>)	filed with the Florida Dept. of State)
P19000059678	
(Document Number of C	Jorporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida 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," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	3665 Sw 16th St
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami Fl 33145
	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3665 Su 16th State 8
(Stating marks) Mark DE . 17 (10) (VI 170, D. 1907)	M TI make
	Miami, #1 33145 193
D. 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 Mexico	
120 Nw 119th	Ave Apt 101
	·
New Registered Office Address:(C	
	124 2 43.
New Registered Agent's Signature, if changing Registered Agent:	ar to the second second
I hereby accept the appointment as registered agent. I am familiar with a 1-1/2 of 1	h and accept the obligations of the position. [1] [1]
	4
Signature by New Reg	sistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>Joh</u>	un Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Myriam C Montelongo P	3665 Sw 16th St
<u></u> ≯ Add		·	Miami, Fl 33145
Remove	_	0 • • • • • •	
2) Change	<u> 18</u>	Romina M Murias Gazza	1355 West 53Rd Street #203
Add			Hialesh, Fl 33012
Remove 3) Change		 _	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding add additional sheets, if r	necessary). (Be	z specific)			
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f an an	nendment provides	for an exchange	e. reclassificatio	n. or cancellation	of issued shares.	
provisi	ions for implementi	ing the amendm	ent if not contai	ned in the amend	ment itself:	
(if)	not applicable, indic	zate N/A)				
				-		
					<u></u>	
					. <u> </u>	

The date of each amendment(s) ado	otion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	03/15/2020 (no more than 90 days after amendment	
	(no more than 90 days after amendment	file date)
	k does not meet the applicable statutory filing rec	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors withou	ut shareholder action and shareholder
☑ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for cient for approval.	or the amendment(s)
	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the a	
"The number of votes east for	the amendment(s) was/were sufficient for approva	ıl
by	(voting group)	••
	(voting group)	
Signature dad	3/15/2020	
sele ct ed 1	tor, president or other officer – if directors or officer or in incorporator – if in the hands of a receiver, trufiduciary by that fiduciary)	ters have not been ustee, or other court
_	Jose L Murias Lope3 (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	