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JULY 20 2021 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: KASOF CORP			
	MBER: 120000023419			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	itter to the following:		
	KARINA DIAZ			
		Name of Contact Person	1	
	KASOF CORP			
		Firm/ Company		
	2565 MONTCLAIRE CIRCI	• •		
	· · · · · · · · · · · · · · · · · · ·	Address		
	WESTON, FL 33327			
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		on, onto the op our		
	presidencia.lgp@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
MIGUEL A CURC	I	at (352	426-2465	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
\$ 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 Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
	O. Box 6327		entre of Tallahassee	
Ta	illahassee, FL 32314	2415 N	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	Articles of A	`03
	to Articles of In	
	oi	f ·
(No	of Companytion as surmant	tly filed with the Florida Dept. of State)
(<u>wame c</u> 220000023419	or Corporation as Cuttent	ny meu wim the Piolina Dept. of State)
200000000000000000000000000000000000000	(Document Number of	of Corporation (if known)
tursuant to the provisions of section 607. s Articles of Incorporation:	.1006. Florida Statutes. this	s Florida Profit Corporation adopts the following amendn
A. If amending name, enter the new n	ame of the corporation:	
N/A		The ne
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp., A professional corporation name must contain the wor "
B. Enter new principal office address,	if applicable:	2565 MONTCLAIRE CIRCLE
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	WESTON, FL 33327
. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	2565 MONTCLAIRE CIRCLE
		WESTON, FL 33327
	nd/or registered office add	dress in Florida, enter the name of the
If amending the registered agent an new registered agent and/or the ne	w registered office addres	
D. If amending the registered agent and new registered agent and/or the ne	w registered office addres KARINA DIAZ	7.7.5 <u>.</u>
D. If amending the registered agent as new registered agent and/or the new Name of New Registered Agent	KARINA DIAZ	
new registered agent and/or the ne	KARINA DIAZ 2565 MONTCLAIRE CI	
new registered agent and/or the ne	EARINA DIAZ 2565 MONTCLAIRE CL (Florida s	RCLE street address)

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>	John Doc	
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	MGR	Godwin, Khary A	1518 Queensway rd
Add			Orlando, FL 32808
X Remove			
2) Change	P	KARINA DIAZ	2565 MONTCLAIRE CIRCLE
X Add			WESTON, FL 33327
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		<u></u>	<u> </u>	
an amendment provides for an exchan	ige, reclassificat	ion, or cancellati	on of issued shar	es.
rovisions for implementing the amend (if not applicable, indicate N/A)	ment ii not cont	ameu in the ame	nament usen:	
(y not applicate, illinoide fully				
	 -			
				

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	nd 25 2021	
Effective date if applicable:	pril 25,2021	
 	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requires Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the sufficient for approval.	: amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
April 25, Dated	2021	
	X 11001X11Y	
Signature\	director, president or other officer – if directors or officers h	ave not been
	ted, by an incorporator – if in the hands of a receiver, trustee,	
	inted fiduciary by that fiduciary)	
	KARINA DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	