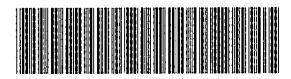
## P200000 66882

| (Requestor's Name)                      |
|---|
| ·                                       |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: KARRO   | S GROUP CORP                          | <del></del>   |  |  |  |
|--|---------------------------------------|---|--|--|--|
| DOCUMENT NUMBER: P20000066   | 5882                                  | <del></del>   |  |  |  |
| The enclosed Articles of Amendment and fee a   |                                       |   |  |  |  |
| Please return all correspondence concerning thi  | is matter to the following:           |   |  |  |  |
| ADRIANA DIA  | Z                                     |   |  |  |  |
|  | Name of Contact Perso                 | - <u>-</u>  |  |  |  |
| STAR TAXES   |                                       |   |  |  |  |
|  | Firm/ Company                         |   |  |  |  |
| 12912 SW 133 CT STE B  |                                       |   |  |  |  |
| <u></u>  | Address                               |   |  |  |  |
| MIAMI, FL 331  | 186                                   |   |  |  |  |
| <del></del>  | City/ State and Zip Coc               | le  |  |  |  |
| ADRIANA@STAF   | TAXESING COM                          |   |  |  |  |
|  | be used for future annual report      | notification)   |  |  |  |
|  |                                       | ,   |  |  |  |
| For further information concerning this matter.  | please call:                          |   |  |  |  |
| Adriana Diaz   | 786                                   | 306-8728  |  |  |  |
| Name of Contact Person   | at ( <u>786</u>                       | /   |  |  |  |
| Name of Contact Person   | Area Co                               | ode & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount m   | ade payable to the Florida Dep        | artment of State:   |  |  |  |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat                                      |                                       | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Ameno<br>Divisio<br>Cliftor<br>2661 E | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |

## Articles of Amendment

to

| Articles of Incorporation  |                                       |                   |
|--|---------------------------------------|-------------------|
| Karros Group   | CORP                                  |                   |
| (Name of Corporation as currently filed with the Florida Dept. of State  |                                       | -                 |
| P200000101088  | 2                                     |                   |
| (Document Number of Corporation (if known)   | <del></del>                           | -                 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:   | ation adopts the following            | g 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," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."  |                                       |                   |
| B. Enter new principal office address, if applicable:  |                                       |                   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |                                       |                   |
|  | · · · · · · · · · · · · · · · · · · · |                   |
|  |                                       |                   |
| C. Enter new mailing address, if applicable:   |                                       | X                 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |                                       | , P               |
| <del></del>  |                                       | · ~.              |
|  |                                       |                   |
| 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:   | the mane of the                       | <b>5</b>          |
| Name of New Registered Agent   |                                       |                   |
|  |                                       |                   |
| (Florida street address)   |                                       |                   |
| New Registered Office Address:   | Florida                               |                   |
| (City)   | (Zip Code)                            |                   |
|  |                                       |                   |
| Non-Booking and According to the state of th |                                       |                   |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent.—I am familiar with and accept the ob-  | ligations of the position             |                   |
|  |                                       |                   |
| Signature of New Registered Agent, if changing   | <del></del>                           |                   |

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 <math>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 Do  | <u>e</u>     |             |             |                 |             |
|-------------------------------|-----------|----------|--------------|-------------|-------------|-----------------|-------------|
| X Remove                      | <u>V</u>  | Mike Jor | <u>nes</u>   |             |             |                 |             |
| X Add                         | <u>sv</u> | Sally Sm | nit <u>h</u> |             |             |                 |             |
| Type of Action<br>(Check One) | Title     |          | <u>Name</u>  |             |             | <u>Addres</u> s |             |
| 1) Change                     |           | _        |              |             | <del></del> |                 |             |
| Add Remove                    |           |          |              |             |             |                 |             |
| 2) Change                     |           | _        |              | <del></del> |             |                 | <del></del> |
| Add                           |           |          |              |             |             |                 |             |
| Remove 3) Change              |           | _        |              |             |             |                 |             |
| Add                           |           |          |              |             |             | <del></del>     | <del></del> |
| Remove                        |           |          |              |             |             |                 |             |
| 4) Change                     |           | _        |              |             | <u></u>     |                 |             |
| Add Remove                    |           |          |              |             |             |                 |             |
| 5) Change                     |           |          |              |             |             | <u> </u>        |             |
| Add Add                       |           | _        |              |             | <del></del> |                 |             |
| Remove                        |           |          |              |             |             |                 | <del></del> |
| 6) Change                     |           | _        |              | <br>·       |             | ·               |             |
| Add Remove                    |           |          |              |             |             |                 |             |

| (Attach additional sheets, if necessary). (Be specific)  |
|--|
| We are requesting correction of the President's Last name. His name as registered  |
| appears as: Luis Tavares, the correct name is Luis Taveras please do the correction  |
| and thaks for your help  |
|  |
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|  |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |
|  |
| <del></del>  |
|  |
| <del></del>  |
|  |
|  |
|  |
|  |

| The date of each amendment                             | t(s) adoption: 09/03/2020   | , if other than |
|--|---|-----------------|
| date this document was signed                          |   |                 |
| Effective date if applicable:                          | 09/03/2020  |                 |
|  | (no more than 90 days after amendment file date)  |                 |
| Adoption of Amendment(s)                               | ( <u>CHECK ONE</u> )  |                 |
| The amendment(s) was/wei<br>by the shareholders was/wa | re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.  |                 |
|  | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):  |                 |
| "The number of votes                                   | s cast for the amendment(s) was/were sufficient for approval  |                 |
| by   | ·"  |                 |
|  | (voting group)  |                 |
| The amendment(s) was/wer action was not required.      | re adopted by the board of directors without shareholder action and shareholder   |                 |
| The amendment(s) was/wer action was not required.      | re adopted by the incorporators without shareholder action and shareholder  |                 |
| Dated 09/0<br>Signature                                | o-djamed > 2  | _               |
|  | the directors president or other officer — If directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) |                 |
|  | ADRIANA DIAZ  |                 |
|  | (Typed or printed name of person signing)   | _               |

Incorporator

the

(Title of person signing)