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J. FASON
JUN 3 0 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KK.HN OQUEND	O COMPANY		
	BER: P21000026001			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	HUGO VARGAS			
	_	Name of Contact Perso	<u></u>	
	LATINOS UNIDOS MULTI	SERVICES		
		Firm/ Company		
	4805 NW 79 AVE SUITE 5			
		Address		
	DORAL FLORIDA 33166			
		City/ State and Zip Cod	e	
	info@latinosunidosmultiservices.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
HUGO VARGAS		at (9273624	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

KK.HN OQUENDO COMPANY

(<u>Name</u>	of Corporation as currer	ntly filed with the Florida De	pt. of State)	
P21000026001				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amen	dment(s)
A. If amending name, enter the new n	ame of the corporation:			
NOT APPLICAB;LE			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc." or "Co".	A professional corporation	" or the abbreviation "Con	$p_{\cdot\cdot}$ "
B. Enter new principal office address.	if applicable:	20779 SW 129 CT		
	B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		7	_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		20779 SW 129 CT		
	,	MIAMI FLORIDA 33177		
D. If amending the registered agent at new registered agent and/or the ne			ame of the	_
Name of New Registered Agent	CARLOS MANUEL OC	QUENDO		
	20779 SW 129 CT			
	(Florida :	street address)		
New Registered Office Address:	MIAMI		. Florida 33177	
		(Ciŋ)	(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiai	nt: r with and accept the obligation Registered Agent, if changing	ons of the position.	
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e). F.S.	LN 2:	 - /

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	OQUENDO, CARLOS MANUEL	20779 SW 129 CT
Add			MIAMI FLORIDA 33177
Remove			
2) Change			
X Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	(Be specific)			
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he date of each amendment(s) adoption:	, if other than the
05/05/2021	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as th
adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	aent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Ourlos Oquendo	2
(voting group)	202111: .7 20
	· · ·
c/c/21/	: N2
Dated	0
	<u> </u>
Signature	•
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou	
appointed fiduciary by that fiduciary)	
(als alvendo	
(Typed or printed name of person signing)	
Piesi dunt	
(Title of person signing)	·