## P0400000 9735

(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:

Office Use Only



400352191344

09/28/20--01042--091 \*\*95.00

TILED
2020 SEP 29 PM 3: 07
SUCKETARY OF STATE

Y SULKER NOV 0 5 2020



## Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified Public Accountants

September 15, 2020

Certified Mail Return Receipt Requested No. 7017 3380 0000 6307 7240

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Ref: Caro Properties Investments Inc. ("the Corporation")
Articles of Amendment to Articles of Incorporation

To whom it may concern:

Enclosed please find the Articles of Amendment to the Articles of Incorporation for the referenced Corporation and check No. 1920 in the amount of US\$35.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego L. Restrepo, P.A.

Luisa Elena Cuadrado, Paralegal

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CARO PROPERT	IES INVESTMENTS INC.		
	BER: P0400009735			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LUISA ELENA CUADRAD	00		
		Name of Contact Person	n	
	DIEGO L. RESTREPO, P.A			
		Firm/ Company		
	2600 SOUTH DOUGLAS R	OAD, SUITE 913		
		Address		
	CORAL GABLES, FL 3313	4		
		City/ State and Zip Code	e	
	LUISA@RESTREPOLAW.	COM		
	•	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:	447-9430	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
-	iling Address	· · · · · · · · · · · · · · · · · · ·	Address	
	endment Section	Amendment Section		
	ision of Corporations . Box 6327		on of Corporations entre of Tallahassee	
	lahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CARC	) PR	OPER	TIFS	INVEST	MENTS	INC
	<i>)</i>	o		IIN Y EST.	WILLIAM I 13	1111

( <u>Name</u>	of Corporation as current	ly filed with the Florida Dep	ot. of State)		
P04000009735					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:				
N/A			The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation i	or the abbreviation "Corp"		
B. Enter new principal office address,	if applicable:	2600 SOUTH DOUGLA	2600 SOUTH DOUGLAS ROAD, SUITE 913		
(Principal office address MUST BE A S		CORAL GABLES, FL 33	3134		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		2600 SOUTH DOUGLAS ROAD, SUITE 913			
		CORAL GABLES, FL 33134			
			707 7. S		
D. If amending the registered agent an new registered agent and/or the new					
Name of New Registered Agent		PORATE SERVICES, INC.	29 PE   F		
	2600 SOUTH DOUGLAS	S ROAD, SUITE 913			
	(Florida st	reet address)			
New Registered Office Address:	CORAL GABLES		_, Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agelut. I am fairithar	with and accept the obligation	ns of the position.		
	Signature of New F	Registered Agent, if changing			
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	CARLO F. ALVAREZ FERREIRA	PO BOX 612317
Add			NORTH MIAMI BEACH, FL
X Remove			33261
2) X Change	PD	ROCIO ELIZABETH TORIZ DIAZ	2600 SOUTH DOUGLAS ROAD
Add			SUITE 913 CORAL GABLES, FL
Remove 3) Change	SD	LUISA ELENA CUADRADO	33134 2600 SOUTH DOUGLAS ROAD
X Add			SUITE 913 CORAL GABLES, FL
Remove			33134
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change	<u>.                                    </u>		
Add			
Remove			

• • • • • • • • • • • • • • • • • • • •	icles, enter change(s) he (Be specific)		
	· · · · · · · · · · · · · · · · · · ·		<del></del>
			•
-			•
<del>_</del>			
			. <u> </u>
		<u> </u>	
			<del>-</del>
	<u> </u>		
an amendment provides for an exch	lange reclassification o	er cancellation of iccus	i charac
provisions for implementing the a	ndment if not contained	I in the amendment its	elf:
<u> provisions for imple</u> menting the ame	-		<del></del>
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)		<u>:</u>	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes east for the a cient for approval.	mendment(s)
	ved by the shareholders through voting groups. The follow ch voting group entitled to vote separately on the amendm	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Signature  (Ry a direct	or, president or other officer – if directors or officers have	ve not been
selected. I	y an incorporator – if in the hands of a receiver, trustee, o fiduciary by that fiduciary)	
Re	OCIO ELIZABETH TORIZ DIAZ	
_	(Typed or printed name of person signing)	
n	IRECTOR	
<del></del>	(Title of person signing)	