# 014400665053

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(Ad	ldress)			
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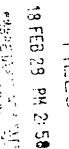
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Casmatt Investment, Corp.  DOCUMENT NUMBER: P140000 65053
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adriana Azzolini Name of Contact Person
Cosmatt Investment Corp.
730 W. Hallandale Beach Blvd., # 104
Hallandale Beach, FL 33009  City/ State and Zip Code
info O Signalama-hallandale com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adriana Azzolini at (786) 203-3622  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment

## to Articles of Incorporation of

Cosmott Invest	tment, C	010.		
(Name of Corpo	ration as currently f	iled with the Florida Dept.	of State)	
814 DDDD 1	45153			
(Do	ocument Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Flo	orida Profit Corporation ad	opts the following am	endment(s) to
A. If amending name, enter the new name of th	e corporation:			
				new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp." "Inc." or "Co	". A professional corporal		
B. Enter new principal office address, if applic			*****	<del></del>
(Principal office address MUST BE A STREET)	<u>ADDRESS</u> )		1 (1) 1 (2) 1 (2)	-TT
		<del> </del>		_ <del>`</del> 28
C. Enter new mailing address, if applicable:				ا ۵-
(Malling address MAY BE A POST OFFICE	BOX)	<del></del>		_ <u>_</u> ==, C
				. ?
				<u></u>
			<u>.</u>	
D. If amending the registered agent and/or reg new registered agent and/or the new registered		s in Florida, enter the nam	e of the	
Name of New Registered Agent				
nume of New Negative Angelia			<del>, ,</del>	
	(Florida street	addrags)		
	(Fibrida Sireei	unuress)		
New Registered Office Address:		•	Florida	<del></del>
	(C)	ity)	(Zip Code,	
	<b>D</b> 1. 1			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		h and accept the obligations	s of the position.	
		·		
	Signature of New Reg	istered Agent, if changing		

### 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: XChange	PT John I	<u> </u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	Antonieta Cascarar	10 730 W. Hallandale Beach
Add			Blvd. #104 Hallandale Beach FL 33009
<u></u> ★ Remove			hallarious Leach 12 33007
2) Change	ND	Marco Mattioli	same
Add			
× Remove	To	AdGana Azzolini	
3) X Change	112	HOLIANA I YZZOIMI	<u>Same</u>
Add			<del></del>
Remove			<del></del>
4) Change	Pres.	Adriana Azzolini	Same_
X Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
<del> </del>	
	,

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
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.	s date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ 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.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	T
Dated 2-26-18	
Signature / ((AA)33Ke)	
(By a director, president or other officer -/if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other of the control of the co	
appointed fiduciary by that fiduciary)	.our
Adriana Azzalini	
(Typed or printed name of person signing)	
TD	
(Title of person signing)	

. . . .