F88190

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: C.K.E. GROUP, I	NC.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	EDUARDO L. CARCACHE	Ē	
		Name of Contact Perso	on .
	C.K.E. GROUP, INC.		
		Firm/ Company	
	15500 NEW BARN ROAD		
		Address	
	MIAMI LAKES, FLORIDA	33014	
		City/ State and Zip Coo	le
CAR	CACHE@CKEGROUP.COM	1	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further informatio	n concerning this matter, pleas	se call:	
Eduardo L. Carcache		at (558-4124 ode & Daytime Telephone Number
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	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 P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

C.K.E. GROUP, INC.			·
<u></u>	of Corporation as currentl	y filed with the Florid	a Dept. of State)
F88190			
	(Document Number of	f Corporation (if knowr)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpord	ation adopts the following amendment
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional o	incorporated" or the abbreviation
R. Enter new principal office address	if annlicable	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			IM 18: 25
			25
D. If amending the registered agent an new registered agent and/or the ne			he name of the
Name of New Registered Agent	N/A		
Nume of New Registered Agent			· · · · · · · · · · · · · · · · · · ·
	(Florida str	reet address)	
V D : 100 (1)	N/A	,	Florido
New Registered Office Address:		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if o			igations of the position
I hereby accept the appointment as regis	terea agent. I am jamiliar i	wин ана ассерт те о <i>о</i> г	іданоні ој те розінон.
	Signature of New I	Registered Agent, if cha	nging

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	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	SAMUEL R. UCCELLO	210 Corcoran Lane
X Add			Central Point, OR 97502
Remove			
2) Change			
Add	٠		
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary)). (Be specific)				
/A						
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If an amoundmount.		-l10°				
n an amenumen '	provides for an exc	hange, reclassificat	ion, or canceusu sined in the sme	<u>on or issuea sr</u> ndment itself:	iares,	
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if not applied	able, indicate N/A)					
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(if not applied	able, indicate N/A)					
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	t(s) adoption:	, if other than the
date this document was signed Effective date if applicable:	AUGUST 5TH, 2015	
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	5)
	re approved by the shareholders through voting groups. The following statement of the following statement of the following group entitled to vote separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	er er
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JULY Dated	7 30, 2015	
Signature	Educardo L'arcache	
(I s	By a director, 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 comppointed fiduciary by that fiduciary)	
	EDUARDO L. CARCACHE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	