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COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: CA-C. N. INVEST MENTS AND CONSULTING, LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
CAPOLINA A. SARASSA Name of Person					
CA.C.N INVESTMENTS AND CONSULTING, LLC Firm/Company					
350 S. MIANI AVE. #2309					
MIAMI, FL 33130 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CAROLINA SARASSA at (786) 606-9215 Name of Person Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address: Registration Section Street Address: Registration Section					

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SECTLE PHASSEE, FL

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
C <u>EO</u> /CO	O CAROLINA A. SARAS	rs <u>A</u>	
			□Remove
		Change title to (60/co	Change
<u>C60</u>	ANDRESF. CHAWL		□Add
		Remove Andres From LLa	Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			SECOLOR PRODUCTION PRO
			Add
			PH SEE FLAT
			☐ Change
			🗆 Add
			□ Remove
			□Change