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CHASSEE, FL

R. WHITE AUG 2 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CARISAM-SAMI	JEL MEISEL (FL), INC.	
DOCUMENT NUMBI	ER:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
H	larold M. Rifas, Esq.		
_		Name of Contact Person	1
H	larold M. Rifas, P.A.		
_		Firm/ Company	
7	900 Red Road, Suite 10		
_		Address	-
5	South Miami, FL 33143		
_		City/ State and Zip Code	e
borold	rifas@att.net		
	_	sed for future annual report	notification)
	12-man address, (to be us	sed for fature annual report	notification,
For further information	concerning this matter, pleas	se call:	
Harold M. Rifas		305	662-8814
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle 1886e, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 AUG 23 AM 11: 44

, Florida

(Name of Corporation as currently filed with the Florida Deps Chiefs RY OF STATE

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Name of New Registered Agent

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	AST	Albert Martell	10900 NW 27 Street
Add			Miami, FL 33127
x Remove			
2) Change	AST	Alejandro Chevalier	10900 NW 27 Street
X Add			Miami, FL 33127
Remove			
3) Change			
Add			
Remove			
4) Change			
, Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Art ects, if necessary).	(Be specific)				
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fan amandmant n	mouidar far an ara	hanna radaccific	ation, or cancellat	ian af iccuad cha	roe	
nrovisions for imp	lementing the am	nange, reciassine endment if not co	ntained in the ame	endment itself:	. 6.54	
(if not applical	ble, indicate N/A)					
	_		<u> </u>		_	
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<u> </u>						
<u>.</u>						
					·	

The date of each amendment(s) add date this document was signed.	ption:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) licient for approval.
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
hy	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	ited by the incorporators without shareholder action and shareholder
August 15	
DatedSignature	Am M. P. W
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
ı	Harold M. Rifas
-	(Typed or printed name of person signing)
,	Vice-President/Secretary
-	(Title of person signing)