## N08000003356

| (Re                     | equestor's Name   | )            |
|-------------------------|-------------------|--------------|
| (Ac                     | ddress)           |              |
| (Ac                     | ddress)           |              |
| (Ci                     | ty/State/Zip/Phor | ne #)        |
| PICK-UP                 | WAIT              | MAIL         |
| (Bu                     | usiness Entity Na | ime)         |
| . (Do                   | ocument Number    | r) / · · ·   |
| Certified Copies        | Certificate       | es of Status |
| Special Instructions to | Filing Officer:   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |

Office Use Only



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07/10/09--01057--004 \*\*43.75





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | RATION: Casa Besu, In                      | c.  |   |
|------------------------|--|---|---|
| DOCUMENT NUM           | IBER: <u>N08000003356</u>                  |   |   |
| The enclosed Article   | s of Amendment and fee are su              | bmitted for filing.   |   |
| Please return all corr | espondence concerning this mat             | tter to the following:  |   |
| <del></del>            |  | M. Cunningham<br>f Contact Person)                                  |   |
|                        |  | a Besu, Inc.<br>n/ Company)   | · .   |
|                        | (Fitt:                                     | ii/ Company)  |   |
| <del> </del>           |  | SW 73rd Ave.  |   |
|                        | (  | Address)  |   |
| -                      |  | ni, FL 33156<br>ate and Zip Code)                                   |   |
| -                      | billcwrite<br>E-mail address: (to be use   | er@yahoo.com<br>ed for future annual report notif                   | ication)  |
| For further informati  | on concerning this matter, pleas           | se call:  |   |
| William M. Cunni       | ngham<br>e of Contact Person)              | at ( 561 ) 876-83   | 89 time Telephone Number)   |
| •                      | •  | payable to the Florida Departme                                     | •   |
| \$35 Filing Fee        | \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy |
|                        | ling Address andment Section               | Street Address Amendment Section                                    | is enclosed)  |

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee FI 32301

## Articles of Amendment to Articles of Incorporation of

| Articles of Inc   | corporation                                    | 00                  |
|---|--|---------------------|
| of  |  | 6 4 7               |
| Casa Besu,  | Inc.   |                     |
| (Name of Corporation as currently filed   |  | 競のり                 |
| N08000003   | 256  | Ra E                |
| (Document Number of Co  | <del> </del>                                   |                     |
| (Boundary 11 amour of Co.   | porumon (ii ano viii)                          | 意思で                 |
| Pursuant to the provisions of section 617.1006, Florida St<br>the following amendment(s) to its Articles of Incorporation |  | Corporation adopts  |
| A. If amending name, enter the new name of the corpo  | oration:                                       |                     |
|   |  |                     |
| The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m                  |  | ated" or the        |
| B. Enter new principal office address, if applicable:   | 9550 SW 73rd Ave.                              | <del> </del>        |
| (Principal office address <u>MUST BE A STREET ADDRE</u>   | <u>(35.5°)</u><br>Miami, FL 33156              | <del></del>         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                   | 9550 SW 73rd Ave.                              |                     |
| •   | Miami, FL 33156                                |                     |
|   |  |                     |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi                 |  | e name of the       |
| Name of New Registered Agent:   |  |                     |
|   |  |                     |
| New Registered Office Address:  | (Florida street address)                       |                     |
|   | , FI   | orida               |
| <del> </del>  | (City)   | orida<br>(Zip Code) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.      | ered Agent:  I am familiar with and accept the | obligations of the  |
| Signature of  | of New Registered Agent, if changing           | <del></del>         |

## 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)

| <u>Title</u>       | <u>Name</u>       |  | <u>Address</u>   | Type of Action              |
|--------------------|-------------------|--|--|-----------------------------|
|                    |                   |  |  | П n                         |
|                    |                   |  |  | Г n                         |
|                    |                   |  |  | ☐ Add ☐ Remove              |
| (attach a          | dditional sheets, | if necessary). (B  | enter change(s) here: e specific) which should read as f | ollows.)                    |
|                    | _                 |  |  | engage in any activity or   |
|                    |                   | <del></del>  | ·  | ne State of Florida, except |
|                    |                   |  | e corporation shall be                                   |                             |
| •                  |                   |  | as provided in Chapte                                    |                             |
| t <u>he Intern</u> | al Revenue C      | ode.   | · · · · · · · · · · · · · · · · · · ·                    |                             |
|                    |                   | <del> </del>   |  |                             |
|                    |                   |  |  |                             |
|                    |                   |  |  |                             |
|                    |                   |  |  |                             |
|                    |                   |  |  |                             |
|                    | <del></del>       |  |  |                             |
|                    |                   | militare in the state of the st |  |                             |
|                    |                   | <del> </del>   |  |                             |
|                    |                   |  |  |                             |

| The date of each amendment(s) a                             | doption: June 29, 2009  |
|---|---|
|   | (date of adoption is required)  |
| Effective date <u>if applicable</u> :                       |   |
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                                    | (CHECK ONE)   |
| The amendment(s) was/were adwas/were sufficient for approva | dopted by the members and the number of votes cast for the amendment(s) l.  |
| There are no members or mem adopted by the board of directo | bers entitled to vote on the amendment(s). The amendment(s) was/were ars.   |
| Dated June 29,  | 2009<br>4. 0 b a  |
| Signature   | Tr. of Cuefle   |
| have no   | chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary) |
|   | William M. Cunningham   |
|   | (Typed or printed name of person signing)   |
| ****  | Director  |
|   | (Title of person signing)   |