

N45110

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: C. A. V. A., Inc.

DOCUMENT NUMBER: N45110

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO PENELA  
(Name of Contact Person)

C. A. V. A., Inc.  
(Firm/ Company)

P.O. Box 140305  
(Address)

CORAL GABLES, FL 33114-0305  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

FRANCISCO PENELA at (305) 576-3828  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

The date of adoption of the amendment(s) was:

11/9/04

Effective date if applicable:

11/9/04

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

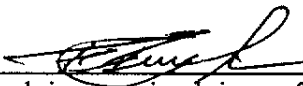
Signed this

9<sup>TH</sup>

day of

NOVEMBER, 2004.

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

FRANCISCO PENELA

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

**FILING FEE: \$35**