

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ác                     | ddress)            |           |
| (Ac                     | ddress)            |           |
| (Ci                     | ty/State/Zip/Phone | · #)      |
| PICK-UP                 | ☐ WAIT             | MAIL MAIL |
| (Bu                     | usiness Entity Nan | ne)       |
| (De                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
| _                       |                    |           |

Office Use Only

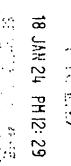


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And

R. WHITE JAN 25 2018



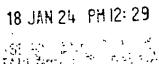
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA  | TION: FLORIDA CASA N                        | RET INC  | · · · · · · · · · · · · · · · · · · ·  |
|--|---|--|--|
| DOCUMENT NUMBE   | P01000005296                                |  |  |
| The enclosed Articles of   | Amendment and fee are sub                   | omitted for filing.  |  |
| Please return all correspo   | endence concerning this mat                 | ter to the following:  |  |
| R.   | AMON RIVERA                                 |  |  |
| FI   | JORIDA CASA NET INC                         | Name of Contact Person   |  |
| _  |   | Firm/ Company  |  |
| 62   | 25 PEACHTREE ST                             |  |  |
| <u> </u>   | ·   | Address  |  |
| C  | OCOA, FLORIDA 32922                         |  | <u></u> _  |
|  |   | City/ State and Zip Code   | :  |
| INFO@  | DIAMONDSCLCOM                               |  |  |
|  |   | ed for future annual report  | notification)  |
| For further information of RAMON RIVERA  | concerning this matter, pleas               | se call:<br>at (407  | 947-0955   |
| Name of  | Contact Person                              | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for t  | he following amount made                    |  |  |
| S35 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 |   | Amenc<br>Divisio<br>Clifton  | Address  Iment Section on of Corporations a Building Executive Center Circle           |

## FILED

## Articles of Amendment to Articles of Incorporation of



| iled with the Florida Dept. of State)  |
|--|
|  |
| orporation (if known)  |
| orida Profit Corporation adopts the following amendment(s) to  |
|  |
| The new  |
| "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4." |
| 625 PEACHTREE ST   |
| COCOA, FLORIDA 32922   |
|  |
|  |
| PO BOX 348   |
| MIMS. FLORIDA 32754  |
|  |
|  |
| s in Florida, enter the name of the  |
|  |
|  |
| t address)   |
| 32754  |
| ity) (Zip Code)  |
| •  |
|  |

Signature of New Registered Agent, if changing

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.

| X Change                      | <u>PT</u> <u>Joh</u> | ın Doc         |                      |
|-------------------------------|----------------------|----------------|----------------------|
| X Remove                      | <u>V</u> <u>Mi</u>   | ke Jones       |                      |
| X Add                         | <u>SV</u> <u>Sal</u> | ly Smith       |                      |
| Type of Action<br>(Check One) | <u>Title</u>         | <u>Name</u>    | <u>Addres</u> s      |
| 1) X Change                   | P,S,T                | RAMON RIVERA   | 625 PEACHTREE ST     |
| Add                           |                      |                | COCOA, FLORIDA 32922 |
| Remove                        |                      |                |                      |
| 2) Change                     | VP                   | SUSAN D RIVERA | 625 PEACHTREE ST     |
| X Add                         |                      |                | COCOA, FLORIDA 32922 |
| Remove                        |                      |                |                      |
| 3 ) Change                    |                      |                |                      |
| Add                           |                      |                |                      |
| Remove                        |                      |                |                      |
| 4) Change                     |                      |                |                      |
| Add                           |                      |                |                      |
| Remove                        |                      |                |                      |
| 5) Change                     |                      |                |                      |
| Add                           |                      |                |                      |
| Remove                        |                      |                |                      |
|                               |                      |                |                      |
| 6) Change                     |                      |                |                      |
| Add                           |                      |                |                      |
| Remove                        |                      |                |                      |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  |              |
|---|--------------|
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |              |
| DISBURSEMENT OF 50% (3.250) OF SHARES TO SUSAN D RIVERA   |              |
|   |              |
|   |              |
|   | <u> </u>     |
|   |              |
|   |              |
|   |              |
|   | -            |

| •  | DECEMBER 25, 2017   |                                   |
|--|---|-----------------------------------|
| The date of each amendment(s) a  | doption:  | , if other than the               |
| date this document was signed.   |   |                                   |
| Effective date if applicable:  |   |                                   |
| Effective date in apparente.   | (no more than 90 days after amendment file date)  |                                   |
| Note: If the date inserted in this document's effective date on the De | plock does not meet the applicable statutory filing requirements, the appropriate of State's records.                                   | his date will not be listed as th |
| Adoption of Amendment(s)   | (CHECK ONE)   |                                   |
| The amendment(s) was/were ad by the shareholders was/were so           | opted by the shareholders. The number of votes cast for the amend afficient for approval.   | ment(s)                           |
| ☐ The amendment(s) was/were ap must be separately provided for         | proved by the shareholders through voting groups. The following s<br>r each voting group entitled to vote separately on the amendment(s | tatement<br>):                    |
|  | for the amendment(s) was/were sufficient for approval   |                                   |
| hy   | (voting group)  |                                   |
| , <del></del>  | (voting group)  |                                   |
| ☐ The amendment(s) was/were ad action was not required.                | opted by the board of directors without shareholder action and shar   | cholder                           |
| ☐ The amendment(s) was/were adaction was not required.                 | opted by the incorporators without shareholder action and sharehol  | der                               |
| Dated  | 12/25/2017  |                                   |
| Simple.  | 12/25/2017<br>Rum aven  |                                   |
| Signature  | director, president or other officer - if directors or officers have no   | t been                            |
| select   | ed, by an incorporator if in the hands of a receiver, trustee, or oth   | er court                          |
| арроі  | nted fiduciary by that fiduciary)   |                                   |
|  | RAMON (RAY) RIVERA  |                                   |
|  | (Typed or printed name of person signing)   | <del></del>                       |
|  | PRESIDENT   |                                   |
|  | (Title of person signing)   |                                   |