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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CARIBCO SHRIN	MP CORPORATION	
DOCUMENT NUMB	D0000000000		·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANTONIO CHALELA		
-		Name of Contact Person	n
	CARIBCO CORPORATION	N	
•		Firm/ Company	<del></del>
	19495 BISCAYNE BOULE	VARD, SUITE 411	
•		Address	<del>- "</del>
	AVENTURA, FL 33180		
-		City/ State and Zip Cod	e
INFO	@CARIBCO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ANTONIO CHALELA	A	at ( 305	932-0777
Name o	f 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## **Articles of Amendment** Articles of Incorporation

Article	es of Amendment
	to
Articles	es of Amendment to s of Incorporation of  urrently filed with the Florida Dept. of State)
CARIBCO SHRIMP CORPORATION	144
	urrently filed with the Florida Dept. of State)
P0200006086 (Document Nur	mber of Corporation (if known)
,	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	ion:
CARIBCO CORPORATION	The new
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	NOT APPLICABLE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered of fice action of New Registered Agent NOT APPLICABLE	ddress:
Name of New Negisierea Agent	
(Flor	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)

## 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>PΤ</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			No.
Remove			
2) Change			
Add			
Remove			
3 ) Change		<u> </u>	
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			_
Add			
Remove			

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 NA)  NOT APPLICABLE	E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)	provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
NOT APPLICABLE	(if not applicable, indicate N/A)	
	NOT APPLICABLE	
	·	

The date of each amendment(s) a date this document was signed.	adoption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	director, president or other difficer – if directors or officers have not been	_
select	d, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ANTONIO CHALELA	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	