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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LA FAMILIA DE	CASTRO INC	
DOCUMENT NUMB	P02000082084		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
	LEA TODARO		
-		Name of Contact Persor	
	GATOR PAYROLL SERVIO	CES	
-		Firm/ Company	
	2339 NE 19TH DRIVE		
-	-	Address	
	GAINESVILLE FL 32609		
-	1 2 **	City/ State and Zip Code	2
CSIG	ATOR@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LEA TODARO		at (352	372-3822
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
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		Amend Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LA	FAMII	AI.	DE.	CA	STRO	INC

(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
P02000082084	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	Idress in Florida, enter the name of the ess:
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent—I am familia	
Signature of Nev	w Revistered 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.

Example: X Change	<u>PT</u>	John Doe	
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	T	DAVID CASTRO	957 NW 86 TERRACE
X Add			GAINESVILLE FL 32605
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

lf amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				·····
				
				
				<u> </u>
				
				
				
If an amendment provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued shares	•
provisions for implementing the amo	endment if not cor	itained in the amen	dment itself:	_
(if not applicable, indicate N/A)				
	<u> </u>			
				
				,
	-			

	1/1/2018	
The date of each amendment(s) add	ption:	if other than the
date this document was signed.		
1/1/20	018	
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 artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
bv		
• ——	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	ated by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	nted by the incorporators without shareholder action and shareholder	
1/1/2018		
Dated		
_		
Signature	Justa Cartus	
	rector, president or other officer - if directors or officers have not been	1
	, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
арропи	ed fiduciary by that fiduciary)	
	JESSE CASTRO	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	