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(Re	questor's Name)				
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(Do	cument Number)				
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JIVISION OF CONFOCATION



COVER LETTER

TO: Amendment Section

Division of Corporations

	_					
NAME OF CORPORA	ATION: VARIE	BREAW FA	lis Inc			
NAME OF CORPORATION: CARIBBEAN FALLS INC. DOCUMENT NUMBER: PO3000100722						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
_	Keston	.a Mc Mack Name of Contact Person				
	CARIBBEA	ni Feells 1	NC			
		Firm/ Company				
	3823 F	Bezinberog	e Adeniué			
CARIBBEAN Fails INC Firm/ Company 3823 BeanBroge Adenice Address Olichard FC. 32839. City/ State and Zip Code						
	Ollaus	O FC. 32	839.			
_	·	City/ State and Zip Code	:			
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	McMain	at (32)	689. 2274.			
Name of	Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
	ng Address		Street Address			
	dment Section	Amendment Section				
	on of Corporations Box 6327	Division of Corporations The Centre of Tallahassee				
	assec, FL 32314	2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

CARIBBEAN FALLS	lnc					
(Name of Corp	oration as c	urrently	filed with the Florida	Dept. of State)		
1030001007	22					
(1)	ocument Ni	umber of (Corporation (if known)			
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	lorida Statut	es, this Fi	orida Profit Corporati	on adopts the following	g amendmer	nt(s) to
A. If amending name, enter the new name of	the corpora	tion:				
;	4lA				The new	
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "	Co". A	mpany," or "incorpora professional corporati	ted" or the abbreviatio on name must contain	n "Corp.," the word	
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		()	N A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			АМ		2828 HAR 2	SECRETA
D. If amending the registered agent and/or re new registered agent and/or the new regist			ss in Florida, enter th	e name of the	P	RY OF S
Name of New Registered Agent	N	H			- -	2 F
		l			8	∡r.
	(FI	orida stree	t address) 🐷			
New Registered Office Address:	N	14		, Florida		
		1 (0.	liy)	Zip C	odes	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. Lam _i fa	ımiliar wil				
-	Signature of	New Reg	istered Agent, if chang	ing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	<u>John D</u>	<u>loc</u>		
X Remove	<u>V</u>	Mike J	<u>ones</u>		
X Add	<u>SV</u>	Sally S	mith		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	0	_	Cicardo	DERRICK FRANC	Cis 1613 Pinie LAIGE ROADS ORIANDO FI 32808
X Add					ORIANDO F1 32800
Remove					
2) Change				•	
Add					
Remove 3.) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			7
Add					
Remove					

	(Be specific)
	f_1/i
	· · · · · · · · · · · · · · · · · · ·
	change, reclassification, or cancellation of issued shares,
an amendment provides for an exc	
provisions for implementing the ame	endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
rovisions for implementing the ame	NA
provisions for implementing the amo	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file date	")
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pied by the shareholders. The number of votes east for the an fficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	··	
•	(voting group)	
(By a di selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary) Kestone Mc Maeu (Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	DIRECTOR	····
	(Title of person signing)	