## P0400003441

| (Re                     | equestor's Name)    |           |
|-------------------------|---------------------|-----------|
| (Ac                     | ddress)             |           |
| (Ac                     | ddress)             | · .       |
| · (Ci                   | ty/State/Zip/Phone  | ¥)        |
| PICK-UP                 | ☐ WAIT              | MAIL      |
| (Bu                     | usiness Entity Name | e)        |
| (Do                     | ocument Number)     |           |
| Certified Copies        | Certificates o      | of Status |
| Special Instructions to | Filing Officer:     |           |
|                         | •                   |           |
|                         |                     |           |
|                         |                     |           |
|                         | •                   |           |

Office Use Only



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T. LEMIEUX

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: CASES 1 A<br>BER: <u>P0400002444</u>       | SSOCIATS MIA   | AMI, INC   |
|--|--|--|--|
| The enclosed Articles                                    | of Amendment and fee are sub                       | bmitted for filing.  |  |
| Please return all corres                                 | spondence concerning this mat                      | ter to the following:  |  |
|  | JORDI R TORRE                                      | NTS  |  |
|  |  | Name of Contact Persor   | 1  |
|  | JORDI R TORRE                                      | NTS PA   |  |
|  |  | Firm/ Company  |  |
|  | 2655 LE JEUNE                                      | ROAD SUITE 80  | 04   |
|  |  | Address  |  |
|  | <b>CORAL GABLES</b>                                | FL 33134   |  |
|  |  | City/ State and Zip Code   | e  |
| JO   | RDI.TORRENTS@                                      | TORRENTSLA   | AW.COM   |
| <del></del>  | E-mail address: (to be us                          | ed for future annual report  | notification)  |
|  |  | ·  |  |
| For further informatio                                   | n concerning this matter, pleas                    | e call:  |  |
| JORDI R TO   | RRENTS   | at (305  | . 446-6244   |
| Name of Contact Person Area Code & Daytime Telephone Num |  | de & Daytime Telephone Number                                      |  |
| Enclosed is a check for                                  | or the following amount made p                     | 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) |
| Ма   | iling Address                                      | Street   | Address  |
| Am   | Amendment Section Amendment Section                |  | lment Section  |
|  | ision of Corporations                              |  | on of Corporations   |
|  | P.O. Box 6327 Clifton Building                     |  | <del>_</del>   |
| Tall   | Tallahassee, FL 32314 2661 Executive Center Circle |  |  |

## Articles of Amendment to Articles of Incorporation of

to

| CASES I ASSOCIATS MIAMI INC  |  |
|--|--|
| (Name of Corporation as currently filed with the Flo   | orida Dept. of State)  |
| P04000024441   |  |
| (Document Number of Corporation (if  | known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Clorida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation:  |  |
|  | The new  |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F | Co". A professional corporation name must contain the        |
| B. Enter new principal office address, if applicable:  | 175 S W 7TH STREET   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | SUITE 1604   |
|  | MIAMI, FL 33130  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 175 S W 7TH STREET   |
|  | SUITE 1604   |
|  | MIAMI, FL 33130  |
| D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:  |  |
| Name of New Registered Agent   |  |
|  | ALL SEC  |
| (Florida stre  | et address)  |
| New Registered Office Address: (City)  | , Florida OF OF  |
| (5.1)  | F P  |
|  | OF STATE   |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w   | with and accept the obligations of the position.             |
| Signature of New Registered A  | gent, 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 Add Remove        |              |             |             |                 |
| 2) Change Add Remove        |              |             |             |                 |
| 3 ) Change<br>Add<br>Remove |              | <del></del> |             |                 |
| 4) Change Add Remove        |              |             |             |                 |
| 5) Change Add Remove        |              |             | · ·         |                 |
| 6) Change<br>Add<br>Remove  | <del></del>  | <del></del> | <del></del> |                 |

| . If amending or adding additional Art     | icles, enter change(s) here:                               |
|--|--|
| ( attach additional sheets, if necessary). | (Be specific)  |
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| . If an amendment provides for an excl     | hange, reclassification, or cancellation of issued shares, |
| cifuet applies lie display and             | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)          |  |
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| The date of each amendment(s) adoption: 06/15/2012  |
|---|
| Effective date if applicable:   |
| (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s) (CHECK ONE)  |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                  |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |
| by"  (voting group)   |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |
| Dated 06/15/2012  |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| JOSE IGNACIO PALACIOS OSAMBELA  |
| (Typed or printed name of person signing)   |
| SECRETARY   |
| (Title of person signing)   |