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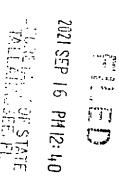
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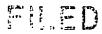
COVER LETTER

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| TO: Amendment Section Division of Corporations | | | | | |
|--|----------------------------------|---|--|--|--|
| NAME OF CORPORATION: CABALLER | O FINE CARPENTER, INC. | | | | |
| DOCUMENT NUMBER: P04000037789 | | | | | |
| The enclosed Articles of Amendment and fee | are submitted for filing. | | | | |
| Please return all correspondence concerning the | nis matter to the following: | | | | |
| VICTOR M CABALLI | ERO | | | | |
| | Name of Contact Person | 1 | | | |
| CABALLERO FINE C | CABALLERO FINE CARPENTER, INC. | | | | |
| - | Firm/ Company | | | | |
| 3134 W 69 PLACE | | | | | |
| | Address | | | | |
| HIALEAH, FL 33018 | | | | | |
| | City/ State and Zip Cod | e | | | |
| MORONTAC@BELL | SOUTH,NET | | | | |
| - | be used for future annual report | notification) | | | |
| For further information concerning this matter | r, please call: | | | | |
| VICTOR M CABALLERO | at (³⁰⁵ | de & Daytime Telephone Number | | | |
| Name of 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: | | | |
| \$35 Filing Fee \$43.75 Filing Fee Certificate of Sta | _ | ☐\$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 The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



| CABALLERO FINE CARPENTER, INC. | 2871 CED 1 C DM 12-1.0 |
|---|--|
| (Name of Corporation | as currently filed with the Florida Dept. of State) |
| P04000037789 | LEGREN LATT OF STATE |
| (Documen | nt Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation: | tatutes, this Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corp | oration: |
| | The new |
| | oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u> | ESS) |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi | |
| Nume of New Registered Agent | <u> </u> |
| | (Florida street address) |
| New Registered Office Address: | F1:1- |
| New Registered Office Address. | , Florida (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registe (hereby accept the appointment as registered agent. I are | ered Agent: m familiar with and accept the obligations of the position. |
| Signatur | e of New Registered Agent, if changing |

Check if applicable

 $\varepsilon_{2}=(\varepsilon_{1},\ldots,\varepsilon_{n})$

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 | 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 | VP | GONZALES, MARIO | 3660 NE 166TH ST |
| Add | | · | APT# 615 |
| X Remove | | | NORTH MIAMI BEACH, FL 331 |
| 2) Change | VP | RIVERA, AMBIORIS | 9832 SW IST TER |
| Add | | | MIAMI. FL 33174 |
| X Remove | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | - | |
| Add | | | |
| Remove | | | |

| | eeis, ij necessary). | (Be specific) | | | |
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| | 09/10/2021 | | |
|--|--|--|----------------------|
| The date of each amendmendate this document was signed | | | _, if other than the |
| Effective date <u>if applicable</u> : | 09/10/2021 | | |
| | (no more than 90 day | ys after amendment file date) | |
| Note: If the date inserted in document's effective date on t | this block does not meet the applicable he Department of State's records. | statutory filing requirements, this date will | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/we action was not required. | e adopted by the incorporators, or board | d of directors without shareholder action and s | shareholder |
| ☐ The amendment(s) was/we by the shareholders was/w | | nber of votes east for the amendment(s) | |
| | e approved by the shareholders through d for each voting group entitled to vote | voting groups. The following statement separately on the amendment(s): | |
| "The number of votes | cast for the amendment(s) was/were su | ifficient for approval | |
| by BOARD OF DIR | ECTORS | <u>,</u> | |
| | (voting group) | | |
| 09/10/ Dated | 2021 | _ | |
| | Victory 411 Cal | aller | _ |
| | y a director, president or other officer - | | |
| | lected, by an incorporator – if in the han pointed fiduciary by that fiduciary) | ids of a receiver, trustee, or other court | |
| | VICTOR M CABALLERO | | |
| | (Typed or printed name | e of person signing) | - |
| | PRESIDENT | | |
| | | | |

(Title of person signing)