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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COI	RPORATION: CASIM USA, INC		
DOCUMENT N	NUMBER: P05000043618		
	ticles of Amendment and fee are st	abmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	IAN ILLYCH MARTINEZ.	ESQ.	
		Name of Contact Persor	1
	BELLO & MARTINEZ, PL	LC.	
		Firm/ Company	<del></del> .
	2850 S. DOUGLAS ROAD.	• •	
		Address	<u> </u>
	CORAL GABLES FL 33134	<b>\</b>	
	A	City/ State and Zip Cod	<u> </u>
	imartinez@bmrlawgroup.co	ni.	
		sed for future annual report	notification)
	E-man address. (to be a	sed for future annual report	Thomself,
For further infor	mation concerning this matter, plea	ise call:	
IAN ILLYCH M	fartinez	at (	442-7970
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Dep	artment of State:
<b>2</b> \$35 Filing F	ee □\$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	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CASIN USA, INC.					
( <u>Name</u>	of Corporation as currently	filed with the Florida Dept. o	f State)		
P05000043618					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation adop	ts the follow	ing amendr	ment(s) t
A. If amending name, enter the new n	ame of the corporation:				
N/A				The ne	ew
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or "Co". A			tion Corp.	·
B. Enter new principal office address, (Principal office address MUST BE A S		N/A			-
C. Enter new mailing address, if appl					-
(Mailing address MAY BE A POST	OFFICE BOX)	N/A			-
				1020 SE	- - "i]
D. If amending the registered agent an new registered agent and/or the ne			of the	P 30	
Name of New Registered Agent	N/A			PR PR	
			်င္	<u>6</u>	
	(Florida stre	ret address)	<u>=</u>	に一点	
New Registered Office Address:	N/A	t.	lorida		
New Registered Office Authors.		(City)		p Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligations o,	f the positior	<i>t</i> .	
	Signature of New Re	gistered Agent, if changing		_	

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	Title	<u>Name</u>	Address	
(Check One)	VST	FRANCESCO CASCARANO	2655 SOUTH LE JEUNE	
1) Change			ROAD SUITE 571	
Add X Remove			CORAL GABLES, FL 33134	
2) Change	ST	GIUSEPPE CASCARANO	5302 NW 106 CT	
X Add	-		MIAMI FL 33178-6637	
Remove 3) Change	<u>V</u>	FRANCESCO G. CASCARANO	5302 NW 106 CT	
X Add			MIAMI FL 33178-6637	
Remove			TO SEP	
4) Change Add			<b>※ 3 「</b>	
Remove			- TO B TO	
5) Change		<u> </u>		
Add			<u> </u>	
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s (Be specific)	<u>here</u> :			
/A					
			<del></del>		<del></del>
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			of insued above		
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not conta	ined in the amendr	nent itself:		
Α					
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				<del> </del>	<del></del>

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09/25/2020
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
(voung group)
Dated
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)
GIUSEPPE CASCARANO
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)