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SECRETARY OF STATE

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C. CARROTHERS

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: Capital Financial Enterprise INC |
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jose a. Oliva |
| Capital Financial ETERPRISE INC. Firm/Company |
| 3550 NW 36 S.T |
| Address |
| Miami, A 33142 |
| City/ State and Zip Code |
| Calitalacces socies & Jahoo ee-7 E-mail address: (to be used for future annual report notification) |
| E-man address. (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jose a. 0/109 au 305, 303-5050 |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

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| Articles of Incorporation |
|--|
| |
| Capital Financeal Enterprise INE 5 |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P060000 48123 5 T |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| 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 address in Florida, enter the name of the |
| Name of New Registered Agent SE O 109 |
| 3550 DW 36 ST |
| New Registered Office Address: Marei , Florida 33142 (City) (Zip Code) |
| |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| 0 08/- / /2/32 |

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> | Name | Address |
| 1) Change | <u></u> | Lisbett Oliva | 3550 NW 36 ST Mäni, Fl. 33 142 |
| Add | | · | Miari, Fl. 33142 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | · | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| n amendment provides for an exch | iange, reclassification, or cancenation of issued shares, |
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| 21/09/2015 | |
|--|----------------------|
| The date of each amendment(s) adoption: | _, if other than the |
| 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) | |
| (voting group) | |
| The amendment(3) 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 01/09/2015 | |
| 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) | |
| Lose Q. Oliva | |
| (Typed or printed name of person signing) | _ |
| Passidents. | |
| (Title of person signing) | _ |