P09000015193

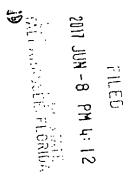
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C. GOLDEN
JUN 1 3 2017

COVER LETTER

TO: Amendment Section

Division of Corp	orations				
NAME OF CORPO	RATION: Casa Vivebien, In	ac.			
DOCUMENT NUM	100000015103				
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Martha Mesa				
	Name of Contact Person				
		Firm/ Company			
	34 SW 5th Avenue				
	Address Florida City, FL 33034				
		City/ State and Zip Co	ode		
For further information	E-mail address: (to be un concerning this matter, plea	sed for future annual repo se call:	rt notification)		
Martha Mesa		786	217-8042		
Name o	of Contact Person	Area C	ode & Daytime Telephone Number		
Unclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 32314		Amen Divisi Clifto 2661 I	t Address dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301		

Articles of Amendment to Articles of Incorporation

FILED

2017 JUN -8 PM 4: 12

Casa Vivebien, Inc.		o:	
(<u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. of State)	
P09000015193		47	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)	
A. Hamending name, enter the new na	me of the corporation:		
$N_{\ell}A$		The new	
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "PA"	
P. Fatar and unincipal office address	if anntigable:	N/A	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		34 SW 5th Avenue	
		Florida City, FL 33034	
D. If amending the registered agent an			
new registered agent and/or the new	Martha Mesa	<u> </u>	
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	
	34 SW 5th Avenue		
		treet address)	
New Registered Office Address:	Florida City		
		(City) (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		it: with and accept the obligations of the position	
	attia.		
	Signature of New	Registered Agent, 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:

President, V- Vice President, T- Treasurer, S- Secretary, D- Director; TR- Trustee, C- Chairman or Clerk, CEO = Chief Executive Officer, CFO - Chief Financial Officer of 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: <u>X</u> Change	PT	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Elena Veloso	7135 Collins Avenue
Add			Unit 1205
Nemove			Miami Beach, FL33141
2) Change	þ	Martha Mesa	34 SW 5th Avenue
\ \dd	,		Florida City, FL 33034
Remove			
Change		Mary A. Suri	13006 SW 196 Street
Add			Miami, FL 33077
x Remove			
4) Change			
Add			
Remove			 .
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary)	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

	·5/17/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	22.0017	
Effective date <u>if applicable</u> :	17 2017	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were a by the shareholders was were:	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
The amendment(s) was were approvided for	oproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s)	ſ
"The number of votes car	it for the amendment(s) was were sufficient for approval	
jy	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.	when the incorporators without shareholder action and shareholder	
5 17 2013		
Dated	<u> </u>	
Signature (Olim)	
/ iBy a select	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	Elena Veloso	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	