P0900000020884

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	LaCavA Corp.	
DOCUMENT NUMBERS		P09000020884	
The enclosed Articles of A	mendment and fee a	re submitted for filing.	
Please return all correspond	dence concerning th	s matter to the following:	
	CRISTI	NA H PEREZ AROCHA	
	N	ame of Contact Person	
<u></u>		LaCavA Corp.	
		Firm/ Company	
	2	261 CORAL WAY	
		Address	
		MI, FLORIDA 33145	
E	cristin	a@vac4life.com d for future annual report notification)	
For further information cor	cerning this matter,	please call:	
Cristina H. Po	erez Arocha	at (305) 803-0060	
Name of Contac	et Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount n	ade payable to the Florida Department of State:	
	3.75 Filing Fee & ertificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is er	nclosed)
Mailing Address Amendment Section		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Enclosed checke # 1001 sated 10-30-2009 = \$ 12,00

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation

	OI	
LA C	AVA CORP.	
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)
P09	000020884	
(Document Nur	mber of Corporation (if know	vn)
rsuant to the provisions of section 607.100 tendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the follow
If amending name, enter the new name o	f the corporation:	
		The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	e designation "Corp," "Inc,	" or "Co". A professional corporation
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable	•	
(Mailing address MAY BE A POST OFFI		_
If amending the registered agent and/or r		Florida, enter the name of the
new registered agent and/or the new regis	stered office address:	
37 C37 B 1 . 14 .		
Name of New Registered Agent:		
	(Florida street ad	(drass)
Name of New Registered Agent: New Registered Office Address:	(Florida street ad	·
	(Florida street ad	dress), Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	EDUARDO M ROMEU	1976 S.W. 17 COURT MIAMI, FLORIDA 33145	
	ding or adding additional Articles, end dditional sheets, if necessary). (Be spe		
provisi	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	nt(s) adoption: OCTOBER 22, 2009
Effective date if applicable:	OCTOBER 22, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w by the shareholders was/v	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated OC	TOBER 30, 2009
	y a director, president or other-officer – if directors or officers have not been
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	CRISTINA H PEREZ AROCHA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)