P99000017372

(Requestor's Name)
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,
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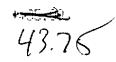
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SECRETARY OF STATE

TALLAHASSEF MATE

7/1/21

COVER LETTER

TO: Amendment Se Division of Cor			•	
NAME OF CORPO	ORATION: Grupo Apoyo, Inc			
	IBER: P09000027372			
The enclosed Article	s of Amendment and fee are sub	omitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	Carlos F. Barandiaran			
		Name of Contact Person)	
	CABAES GROUP, Inc			
		Firm/ Company		
	14198 SW 41 St			
		Address		
	Miramar, FL 33027			
		City/ State and Zip Cod	e	
	carlos@cb-email.com			
	E-mail address; (to be use	ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	e call:		
Carlos F. Barandiara	ın	305 at (506-5330	
Namo	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:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio	Address Iment Section on of Corporations	
	O. Box 6327 Hahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810	
1 a	Hanassee, FL 52514	Tallahassee, FL 32303		

Articles of Amendment to

Articles of Incorporation of

Grupo Apoyo, Inc					
(Name	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e)</u>		
P09000027372					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amo	endment(s) to	
A. If amending name, enter the new n	ame of the corporation:				
CABAES GROUP, Inc			Thc	new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control association," "chartered," "professional association,"	Torp," "Inc." or "Co".	A professional corporation name mus	breviation "C	orp., "	
		14198 SW 41 St			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Miramar, FL 33027			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14198 SW 41 St	SEC TA	2021	
		Miramar FL 33027	RET/ LLA		
			RY ASS	٥	
D. If amending the registered agent ar new registered agent and/or the ne			OF STA	فالتسوين	
	Carlos F. Barandiaran	3.04	T. T.	5	
<u>Name of New Registered Agent</u>	14198 SW 41 St	<u> </u>			
		treet address)			
	Miramar		33027		
<u>New Registered Office Address:</u>		Florida	(Zip Code)		
		·			
New Registered Agent's Signature, if c	hanging Registered Ager	nt:			
I hereby accept the appointment as regist			osition.		
Q V	Trember.	J			
	Signature of New	Registered 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.

X Change	$\overline{\text{bL}}$	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			_
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach <i>additional shee</i>	cts, if necessary).	(Be specific)	ge(s) here:			
<u>-</u>			·			
			·			
						-
f an amendment pro	ovides for an exch	ange, reclassific	ation, or cance	:Bation of issued	shares,	
<u>provisions for imple</u>	menting the ame	ndment if not co	ntained in the	amendment itse	<u>lf:</u>	
(if not applicable	r, indicate N/A)					
						
			,			

Thể đạtể of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	7)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without sharef	nolder action and shareholder
The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes cast for the an Reient for approval.	nendment(s)
☐ The amendment(s) was/were approvided for a	oved by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendme	ing statement nt(s):
"The number of votes cast I	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
5/1/2021 Dated Signature	President and	
(By a di selected	rector, president or other officer – if directors or officers have , by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Carlos F. Barandiaran	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	