P09000032684

(Re	equestor's Name)	
(Ac	ldress)	•
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DEC '5 2012'

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpor	anons		
NAME OF CORPOR	ATION: Casa Caf	e Alto Corp.	
DOCUMENT NUMB	ER: P09000320	684	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
•	Jose J. Leonar	do	
-		Name of Contact Person	1
<u> </u>	_aw Offices of	Jose J. Leona	ardo, Esq.
		Firm/ Company	
ļ	500 South Dixi	e Highway, Si	uite 204
-		Address	
•	Coral Gables, I	FL 33146	
-		City/ State and Zip Code	e
jose	e.leonardo@jle E-mail address: (to be us	eonardolaw.co	
For further information	concerning this matter, pleas	se call:	
Jose Leonardo		at (305	275-9177 de & Daytime Telephone Number
Name 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:
\$35 Filing Fee	□\$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			Address Iment Section

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

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

Articles of Amendment to Articles of Incorporation of

Casa Care Alto Corp.	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P09000032684	
(Document Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must-contain the 4."
B. Enter new principal office address, if applicable:	DEC
(Principal office address MUST BE A STREET ADDRESS)	1 3 T
C. Enter new mailing address, if applicable:	₩ 2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	#
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	7 III TOTAM, CINC. THE MAINE OF THE
Name of New Registered Agent Jose J. Leonardo, E	Ēsq.
500 S. Dixie Highw	ay, Suite 204
(Florida street	address)
New Registered Office Address: Coral Gables	Florida 33146
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
	a and accept the obligations of the position.
June 1 1 -	
Signature of New Registered Age	nt, 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 udditional 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>	<u>Name</u>	Address
1) Change	Р	Gloria Villasmil	4050 Coral Way
Add			Suite 400
X Remove			Miami, FL 33145
2) Change	Р	Luis Nieto	1830 SW 3 Ave.
X Add	<u></u>		Miami, FL 33129
Remove			
3) Change		 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			. <u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		unonai sheets, ij	f necessary).	(Be specific)	nge(s) here:		
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The date of each amendment(s) a	doption: November 15, 2012
	ovember 16, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
· · · · · · · · · · · · · · · · · · ·	proved by the shareholders through voting groups. The following statement reach 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
. Dated Nove	mber 15, 2012
Signature	Mul
selecte	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 need fiduciary by that fiduciary)
	Gloria Villasmil
	(Typed or printed name of person signing)
	President
	(Title of person signing)