P1000073663

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	e #)
. DICK-Nb	☐ WAIT	MAIL.
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	LOS CACE	RITAS INC	
DOCUMENT NUMBE	_{cr:} <u>P1000007366</u>	3	
	"Amendment and fee are sul		
Please return all corresp	ondence concerning this mat	ter to the following:	
Ĺ	UIS ESCOBAR	PARET	
	OS CACERITAS	Name of Contact Person INC	
_	I127 DEL PRAD	Firm/Company	: C
_	TILL BEETTOOL	Address	
(CAPE CORAL, F	L 33990	
_		City/ State and Zip Code	<u> </u>
wes	tcoastaccounting	tax@yahoo.com	1
		ed for future annual report	
For further information	concerning this matter, pleas	e call:	
LUIS ESCOB	AR PARET	at (239	, 220-8590
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOS CACERITAS, INC.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P10000073663	
(Document Number of Corporation (if I	snown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	JA
	——————————————————————————————————————
	/6 · · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	ALIA
(Mailing address MAY BE A POST OFFICE BOX)	N/A Si ci
	a Rectify 3
	1
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	DADET
Name of New Registered Agem	· . · · · · · · · · · · · · · · · · · ·
493 LABREE AV	<u>′E. S. </u>
(Florida stree	
New Registered Office Address: LEHIGH ACRES	Florida 33974
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent.	th and accept the obligations of the position. Bent. 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:

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: <u>X</u> Change	<u>PT</u>	John D	<u>ne</u>	
X Remove	V	Mike Jo	<u>ones</u>	
_ <u>X</u> Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р		AIMEE MARIA VILLAMIL	683 EAST 21st ST.
Add				HIALEAH, FL 33013
X Remove				
2) Change	Р		LUIS ESCOBAR PARET	493 LABREE AVE. S.
X				LEHIGH ACRES, FL 33974
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add		٠,		
Remove				AND AND CO. TO SEE SEE
5) Change				
Add				
Remove				
6) Change		_	18-04-04-0	
Add				1
Remove			Þ	

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A

F. 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)
EXCHANCE OF ISSUED SHARES:
AIMEE MARIA VILLAMIL: 0 SHARES.
LUIS ESCOBAR PARET: 300 SHARES.

The date of each amendment(s) a	odoption: 01/25/2013
Effective date if applicable:	1/25/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east 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 case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
Dated 01/25	/2013
(By a constant)	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 nted fiduciary by that fiduciary)
	LUIS ESCOBAR PARET
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)