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(((H11000154431 3)))



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Division of Corporations

Fax Number : (850) 617-6380

From:

Email Address:

Account Name : AIT FLUS CONSULTING

Account Number : I20080000061 : (407)582-9830 Phone Fax Number : (407)562-9832

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CAC ENTERPRISES, INC.

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Help

P.02

July 26, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

CAC ENTERPRISES, INC. 110 SOUTH HUDSON STREET ORLANDO, FL 32835

SUBJECT: CAC ENTERPRISES, INC.

REF: P11000039385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE ADD A (PERIOD) AFTER THE WORD "INC" IN THE CORPORATE NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H11000154431 Letter Number: 611A00017681



June 10, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

CAC ENTERPRISES, INC. 110 SOUTH HUDSON STREET ORLANDO, FL 32835

SUBJECT: CAC ENTERPRISES, INC.

REF: P11000039385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE CHOOSE ONLY ONE SELECTION UNDER ADOPTION OF AMENDMENT ON THE LAST PAGE OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H11000154431 Letter Number: 911A00014302

RECEIVED
11 JUL 26 AM 8: 02
SECRETARY OF STATI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	CAC ENTERPRIESES, IN	IC			
DOCUMENT NU	JMBER:	P11000039385				
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.				
Please return all co	orrespondence concerning th	is matter to the following:				
	M	ARIA D PINHEIRO				
	}	Name of Contact Person				
	AIT PL	US CONSULTING, LLC				
		Firm/ Company				
,	0404.0.004	, NOT DI GOGGIA TOAN, 11 400				
	8421 S ORANGE BLOSSOM TRAIL # 109 Address					
		RLANDO, FL 32809				
	C	City/ State and Zip Code				
	mari E-mail address: (to be use	a@aitplus.com				
	ation concerning this matter,	please call:				
M	ARIA PINHEIRO	at (407) 58 Area Code & Daytime Tele	2-9830			
Name	of Contact Person	Area Code & Daytime Tele	phone Number			
Enclosed is a chec	k for the following amount r	nade payable to the Florida Departi	ment 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		Street Address				
Amendmer Division of	it Section Corporations	Amendment Section Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee	e, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CAC ENT	ERPRISES,	INC.				
(Name of Corporation as curre	ntly filed with t	he Florida Dept.	of State)	_		
P110	000039385					
(Document Num	ber of Corporati	on (if known)	······································	_		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	ó, Florida Statuto	es, this <i>Florida P</i>	rofit Corpora	tion ad	opts th	ne following
A. If amending name, enter the new name of	the corporation	<u>ı:</u>				
						new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Co fessional associa	orp." "Inc." or "(Co". A profe	ssional	ted" o corpor	r the cation
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE)					_	
(Frincipal office address MUST BE A STREE	I ADDRESS)		,	· -q		
				1	<u> </u>	
				- [TT]		·
C. Enter new mailing address, if applicable:				3	2	AGDION.
(Mailing address MAY BE A POST OFFIC	E BOX)			56 22		da arrea
			•	70	3	TT
				<u></u> \0	<u>-2</u>	1
D. If amonding the section of section 1				Ξ≥.	2	
D. If amending the registered agent and/or repew registered agent and/or the new registered.			la, enter the n	ame of	the	
		 				
Name of New Registered Agent:						
New Registered Office Address:	(Florid	da street address)				
			, Flori	da		
	(City)		, Flori (Zip Code)			_
New Registered Agent's Signature, if changin	n Denistared A	vent.				
l hereby accept the appointment as registered as	gent. I am fanli	iar with and)acce	pt the obligati	ons of t	he pos	ition.
	1/5/	m) Han	W		<u> </u>	
Si	ghalure of New	Røgisterled Agent,	if charging	_		
		("U)""				

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>	Name	Address	Type of Action			
<u>VP</u>	CARLOS R DE ALMEIDA	110 S HUDSON ST ORLANDO, FL 32835	☑ Add ☐ Remove			
			☐ Add ☐ Remove			
			Add Remove			
E. If amendin (attach addi	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	hange(s) here:				
						
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)						
		•				

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The date	of each amendme	nt(s) adoption	n: <u>CE/OI/FOII</u> (date of adoption is required)		
	date <u>if applicable</u>	•	(date of adoption is required)		
Effective	date <u>it applicable</u>	(no more th	han 90 days after amendment file date)		
Adoption	of Amendment(s)	(CHECK ONE)		
	nendment(s) was/v shareholders was/		y the shareholders. The number of votes cat for approval.	st for the amendment(s)	
			by the shareholders through voting groups. oting group entitled to vote separately on th		ſ
" 7	The number of vote	es cast for the a	amendment(s) was/were sufficient for appro	ıval	
by	<i>!</i>		<u>ир)</u> ."		
•		(voting gro	up)		
	nendment(s) was/v was not required.	vere adopted b	y the board of directors without shareholder	r action and shareholder	
	nendment(s) was/v was not required.	vere adopted by	y the incorporators without shareholder acti	on and shareholder	
	Dated_06	Auto	Hans		
	Signature (oresident of other officer - if directors or of	ficers have not been	
	S	elected, by an i	incorporator - if in the hands of a receiver,		
	a _l	pointed fiduci	iary by that fiduciary)		
			CHETRA HARRY		
			(Typed or printed name of person signing))	
			PRESIDENT		
		(Ti	itle of person signing)		