# P11000004439

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### **COVER LETTER**

TO: Amendment Section Division of Corporations		
Hot Cabo	ose Inc	
NAME OF CORPORATION 110000644	120	
DOCUMENT NUMBER:	<del></del>	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Michael Herna	ndez	
Hot Caboose I	Name of Contact Person	
PO Box 2152	Firm/ Company	
Bonita Springs	, FL 34133	
	City/ State and Zip Code	
hotcaboose@com	cast.net	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Michael Hernandez	at (239	, 676-7997
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section		ment Section
Division of Corporations P.O. Box 6327		n of Corporations Building
Tallahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

# Hot Caboose Inc

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adoptits Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	The new ated" or the abbreviation	
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Name of New Registered Agent	00	() 
(Florida street address)	V	
New Registered Office Address: , Florida, Florida,		
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	of the position.	

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)

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 <math>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	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Maria Del Pilar Ramirez	5576 Jonquil Cir
X Add	<del></del>		#205
Remove			Naples, FL 34109
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Articles, enter change(s) here: ional sheets, if necessary). GARTICLE IV - 100 shares total
	res issued to Michael Hernandez
u Sna	res issued to Maria Del Pilar Ramirez
	·
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<del></del>	
	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:
provisions i	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself; applicable, indicate N/A)
provisions i	for implementing the amendment if not contained in the amendment itself:
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# The date of each amendment(s) adoption 2012 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

<sub>Dated</sub> 10/18/2012

Signature

(By a director, president or other onicer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

## Michael Hernandez

(Typed or printed name of person signing)

**President** 

(Title of person signing)