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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ALBA NIDIA RIOS PA DOCUMENT NUMBER: P12000003844 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBA N. RIOS Name of Contact Person ALBA NIDIA RIOS PA Firm/ Company 3204 TOWNSEND COURT KISSIMMEE, FL 34743 City/ State and Zip Code casaenflorida2@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBA N. RIOS at (407) 962-9317 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fcc & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

to

ALBA NIDIA RIOS, P.A.				
(Name of Corporation as currently filed with the Flo	orida Dept. of State)			
P12000003844				
(Document Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fo	ollowing	amend	lment(s)
A. If amending name, enter the new name of the corporation: CASA EN FLORIDA REALTY INC			The n	iew
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name	the abo	breviat	ion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3204 TOWNSEND COL	JRT		
	KISSIMMEE, FL 34743			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3204 TOWNSEND COL	JRT		
	KISSIMMEE, FL 34743		ಪ.	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		SCT 30	To the problem of the
Name of New Registered Agent	·	-11-45 11-45	1	TE:
_		ان ت		
(Florida stree	t address)		50	
New Registered Office Address:	, Florida	3.50.00		
(City)	(Zip Code)			
Naw Degistered Agent's Signature if shousing Desistered Agent				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	sition.		
Signature of New Registered As				
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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: 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>	<u>Addres</u> s
() Change			
Add Remove			
2) Change			
Add			
Remove 3) Change			
3) Change	-		
Remove			
4) Change			
Add			
Remove			
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Remove			
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an amendment provides for an provisions for implementing the (if not applicable, indicate N	e amendment if n	ot contained in the		-
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an amendment provides for an provisions for implementing the (if not applicable, indicate No	e amendment if n	ot contained in the		

The date of each amendment(s) adoption: 10/29/2013	, if other than th
date this document was signed.	
Effective date if applicable: 10/29/2013 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/29/2013	
Signature 1000 tell	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALBA N. RIOS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	