P12000052351

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N:CAPITAL INV	VESTMENTS OF MIAMI	INC
DOCUMENT NUMBER: _	P1200005235	1	
The enclosed Articles of Ame	ndment and fee are su	ibmitted for filing.	
Please return all corresponden	ce concerning this ma	atter to the following:	
MAIDI	EL CRUZADO		
		Name of Contact Person	n
CAPIT	AL INVESTMENTS	OF MIAMI INC	
		Firm/ Company	<u> </u>
3600 S	W 122ND AVE		
		Address	
MIAM	, FL 33175		
		City/ State and Zip Cod	e
capitals	ngel2707@yahoo.coi	m	
•	- 0,	sed for future annual report	notification)
For further information concer	ning this matter, plea	se call: 786	816-1338
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

CARETAL	INDUCCES (ENTRO	OF MANAGEME
CAPLIAL	INVESTMENTS	OF MILAIMETING

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to

CALITAL INVESTMENTS OF MIAMITING		1 1	
(Name of Corpo	oration as currentl	y filed with the Florida Dept. of Sta	<u>le</u>)
P12000052351		2021 AUG -4	AM 7: 46
(D	ocument Number o	f Corporation (if known) ORE INCOME.	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	orida Statutes, this	Florida Profit Corporation adopts the	OF STATE following amendment(s
A. If amending name, enter the new name of t	he corporation:		
N/A			The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the designation or the desig	'Inc," or "Co" e		bbreviation "Corp.,"
B. Enter new principal office address, if appli-		3600 SW 122ND AVE	
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	MIAMI, FL 33175	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3600 SW 122ND AVE MIAMI, FL 33175	
D. If amending the registered agent and/or re- new registered agent and/or the new registered agent and/or the new registered Agent			<u>e</u>
Name of New Registered Agent	N/A		
	(Florida str	eet address)	
	N/A		N/A
New Registered Office Address:		(City), Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agential acceptance of the appointment as registered agential acceptance.	ent, - I am familiar v	with and accept the obligations of the p	position.
	Signature of New R	egistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant	to s. 607,0120 (11)	(e), F.S.	

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	VPD	LAZARA LUISA RODRIGUEZ	3600 SW 122ND AVE
1) Change X			MIAMI, FL 33175
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dditional sheets, if necessary). (Be specific)
V/A	
	
15	
provisi	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
(if	not applicable, indicate N/A)
√A	
	<u> </u>

	07/29/2021	
The date of each amendr		, if other than th
date this document was sig		
	07/29/2021	
Effective date if applicab	ole:	
	(no more than 90 days after amenament file date)	
	in this block does not meet the applicable statutory filing requirements, on the Department of State's records.	this date will not be listed as th
Adoption of Amendment	(CHECK ONE)	
The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without sharehold.	der action and shareholder
	s/were adopted by the shareholders. The number of votes cast for the ameras/were sufficient for approval.	ndment(s)
	s/were approved by the shareholders through voting groups. The following ovided for each voting group entitled to vote separately on the amendment(
"The number of	votes cast for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
	07/29/2021	
Dated_	· · · · · · · · · · · · · · · · · · ·	
a.	16999	
Signatur	(By a director, president or other officer – if directors or officers have no	ıt boon
	selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
	MAIDEL CRUZADO	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	