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JUL 1 6 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CAIO INVESTME	NTS, INC		
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corre	spondence concerning this mat	ter to the follo	wing:	
	CAIO DE BRITO VIANNA			
		Name of C	ontact Persor	1
		Firm/ (	Company	
	1030 S VOLUSIA AVE			
		Ad	dress	
	ORANGE CITY, FL 32773			
		City/ State	and Zip Code	c
mari	a.gonzalez0304@gmail.con	n		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	n concerning this matter, pleas	se call:		
MARIA M CASTRO	GONZALEZ	at	386	717-6438
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the	Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Ma</u>			Address	
Am Div	Amendment Section Division of Corporations			
	Box 6327		Clifton	Building
Tal	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

$\sim$	$\Delta I \cap$	TNIX	/EST	TME	NTS.	INC
۱.	MIU	IIN	/ <b>C</b> O		CIE	III

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P12000094084	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1030 S VOLUSIA AVE
(Principal office address MUST BE A STREET ADDRESS)	ORANGE CITY, FL 32763
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1030 S VOLUSIA AVE
	ORANGE CITY, FL 32763
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida .	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt.
I hereby accept the appointment as registered agent. I am familia	
	ASSET IN THE
Signature of New	Registered Agent, if changing

'If amen'ding 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 Do	<u>c</u>	
X Remove	Y	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				<del></del>
2) Change		_	<del></del>	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Adđ				
Remove				
O CI.				
6) Change				<del> </del>
Add				
Remove				~ <del>~~~</del>

	ary). (Be specific	tange(s) here:			
-			-		
	<u> </u>				
		_	·	·	
			_		
				_L	
If an amendment provides for an	exchange, reclass	ification, or cand	ellation of issued	snares,	
If an amendment provides for an provisions for implementing the (if not applicable, indicate N.	amendment if no	sification, or cand t contained in the	ellation of issued amendment itsel	<u>snares,</u> <u>f:</u>	
provisions for implementing the	amendment if no	sification, or cand t contained in the	ellation of issued amendment itsel	snares, <u>f:</u>	
provisions for implementing the	amendment if no	sification, or cand	ellation of issued amendment itsel	snares, <u>f:</u>	
provisions for implementing the	amendment if no	sification, or cand	ellation of issued	snares, <u>f:</u>	
provisions for implementing the	amendment if no	sification, or cand	ellation of issued	snares, f:	
provisions for implementing the	amendment if no	sification, or cand	ellation of issued	snares, f:	
provisions for implementing the	amendment if no	sification, or cand	ellation of issued	snares, f:	
provisions for implementing the	amendment if no	sification, or cand	ellation of issued	snares, f:	
If an amendment provides for an provisions for implementing the (if not applicable, indicate N.	amendment if no	sification, or cand	ellation of issued	snares, f:	

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date spartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
06/28/2018 Dated	* /////	
(By a diselected	irector, president of other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MARIA M CASTRO GONZALEZ	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	VICE PRESIDENT	
	(Title of person signing)	

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