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13 NSV -8 FN 2: 0 SECRETARY OF STATE

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R. WHITE

COVER LETTER

T0: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: CASA - C	REOLE "INC!	/
DOCUMENT NUMB	IER: 713000012	24B	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	(As	GE DESPINOS Name of Contact Person SN- CREOLI Firm/ Company	E."INC"
	172 Suj 8	Address	<u> </u>
	PORT ST LL	City/ State and Zip Cod	34983 e
For further information	E-mail address (to be us	A Nahoo (om) led for future annual report se call:	notification)
) <u>801 - 4898</u> de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee		□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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SEC. TALL	AHAS	SEE,	r ST Flic	AT Den	Ë
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CASA - CREOLE "INC"	SECRETARY OF ST
(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHASSEE FIN
	-11 20/
P13000012248	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopt its Articles of Incorporation:	s 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 "corporation," "company," or "incorporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation word "chartered." "professional association," or the abbreviation "P.A."	ed" or the abbreviation n name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 o	f the
new registered agent and/or the new registered office address:	
Name of New Registered Agent ANDERSON BONNY GR	
_6724 AZALEA DR	
(Florida street address)	
	77 A 7 7
New Registered Office Address: Mira Mar , Florida (City)	33023 Cin Coda)
(Cuy)	(Zip Code)
Von Donistand Anna (Cinna Anna (Changla Donistand Anna A	
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	the position.
1 do 1 /1 /	,
the state of the s	
Surpature of Non House and 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 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>	Name	Address
1) Change	P	BERNARD DESPINOSSE	701 AZALEA COUT
Add			PLANTATION, FL33317
Remove			
2) Change	νP	ANDERSON BONNY SR	6724 AZALEA DR
Add		·	MIRAMAR FL 33023
Remove			30.0 1.00 1.00
3) Change	VP	y Betty Bonny is listed as the up	6724 AZALGA DR
Add	carrent	y Betty Bonny is listed as the vp	MIRAHAR FL 33023
Remove	There	is a Change.	
4) Change	5	BETTY BONNY	6724 AZALEA DR
Add		·	MIRAMAR FL. 33023
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

€.	If amending or adding additional Artic (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
F.	If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
_		

The date of each amendment(s) adoption: 10-30-2013	, if other than the
date this document was signed.	
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 10-30-2013	
Signature Angloss Comme	
(a director, president or other officer – 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)	
ANDERSON BONNY SR. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	_