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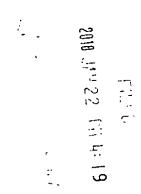
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COVER LETTER

TO: Amendment Section Division of Corporations Casecom Corp. NAME OF CORPORATION: DOCUMENT NUMBER: _____ P13000036431 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Veronica Salazar

Name of Contact Person Casecom Colp.
Firm/Company 4674 NW 107 Ave # 1706 Doral FL 33178
City/ State and Zip Code Le rasala zar 050 gmail. com
E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: Name of Contact Person at (305), 776-1049

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee &

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

■\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation

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2018 JEH 22 PM 4: 19

Casecom (oip. (Name of Corporation as currently filed with the Florida Dept. of State) P13 0000 36431 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its 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 "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the 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 of the new registered agent and/or the new registered office address: Name of New Registered Agent Veronica Salatar

4674 NW 107 Ne # 1706

(Florida street address) New Registered Office Address: _______Dotal

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.

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, it 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> <u>John I</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PT	Diego F. Varela sr.	
Add Remove			#1706, Dolal, FL 33178
2) Change	PT	Vernica Salazar	4674 NW 107 Ave
Add Remove			#1706, Doral, FL 33178.
3) Change Add			
Remove 4) Change			
Add			
5) Change Add			
Remove 6) Change			
Add			
Remove			

Attach addition	adding additional Art al sheets, if necessary).	tBe specifics	ge(s) here:			
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provisions for	nt provides for an excl implementing the ame licable, indicate N(A)	nange, reclassific ndment if not co	cation, or cancel ontained in the <u>a</u>	lation of issued s mendment itself	<u>hares.</u> <u>i</u>	
	na					
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			<u>-</u> -		-	

The date of each amendment(s) adoption:date this document was signed.	n/a	, if other than the
Effective date <u>if applicable</u> : V	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	e amendment(s)
	he shareholders through voting groups. The fol og group entitled to vote separately on the amer	
	endment(s) was/were sufficient for approval	
by	oting group)	
/	e board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and	shareholder
selected, by an inc	2018 FYand P Sident or other officer – if directors or officers corporator – if in the hands of a receiver, trusted by that fiduciary)	
DIE	F- VARELA (Typed or printed name of person signing)	
	President. (Title of person signing)	
	(Title of person signing)	