

Division of Corporations

P130000087908

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BALWANT CHEEMA PA
Account Number : I20140000096
Phone : (305) 698-1321
Fax Number : (305) 675-8496

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mercy@balcpa.com

RECEIVED

14 OCT 21 PM 12:16

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CARIBE EXPORTS RL INC**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

OCT 22 2014

C. CARROTHERS



Balwant Cheema
C.P.A.

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Balwant Cheema, P.A.
Certified Public Accountants
4160 West 16th Avenue
Suite 405
Hialeah, Florida 33012



Phone: 305-698-1321

Fax: 305-675-8496

E-mail: Mercy@balcpa.com

Web Site: www.balcpa.com

October 21, 2014

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

Ref: Caribe Export RL Inc
Document #: P13000087908

Dear Agent,

On October 13, I faxed the enclosed documents and received a confirmation that it was successfully transmitted, but as of today no changes have been made to the corporation. Can you please process the amendment with a back date of October 13, 2014.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mercy Perez', written over a horizontal line.

Mercy Perez
Manager
Balwant Cheema, P.A.
Certified Public Accountants
Cellular: 305-479-0867
Fax: 305-698-1329
mercy@balcpa.com

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARIBE EXPORTS RL INC

DOCUMENT NUMBER: P13000087908

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERCEDES PEREZ

Name of Contact Person

BALWANT CHEEMA PA

Firm/ Company

4160 WEST 16TH AVE SUITE 405

Address

HIALEAH, FL 33012

City/ State and Zip Code

MERCY@BALCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERCEDES PEREZ

Name of Contact Person

at 305

698-1321

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$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

Street Address

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

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Articles of Amendment
to
Articles of Incorporation
of

FILED

OCT 21 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CARIBE EXPORTS RL INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000087908

(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:

The new 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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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.

Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>VP</u>	<u>ARTURO SANCHEZ</u>	<u>929 SHOTGUN ROAD</u>
<input type="checkbox"/> Add			<u>SUNRISE, FL 33326</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>JOSE A MOTA BELLO</u>	<u>929 SHOTGUN ROAD</u>
<input checked="" type="checkbox"/> Add			<u>SUNRISE, FL 33326</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: _____, 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)

☒ 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 10/01/14

Signature

(By 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)

MOISES ESDAILLE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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