## PIBOORS





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2018 DEC 27 PM 4: 56 SECRE LARY OF STATE TALLARASSEE, FL

## **COVER LETTER**

A

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CUASA IMPORTS	S. INC.	
DOCUMENT NUMB	ER: P13000093032		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Mavila G Rodriguez		
•		Name of Contact Persor	1
	CUASA IMPORTS, INC.		
•	•	Firm/ Company	
	300 North Krome Ave Bldg 1	13	
•		Address	
	Florida City , FL 33034		
•		City/ State and Zip Code	2
jcerrat	o@cuasa.us		
<del>,</del>		sed for future annual report	notification)
For further information  Mavila G Rodriguez	concerning this matter, pleas	205	833-8644
	f Contact Person	at (at Co	)de & Daytime Telephone Number
	the following amount made		•
□ \$35 Filing Fee	S43.75 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 Tallahassee, FL 32314		Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation of

## FILED

2018 DEC 27 PM 4: 56

CUASA IMPORTS, INC.		بدر	Form	\$ 0 PA TO 10
( <u>Name</u>	of Corporation as currer	itly filed with the Florida	Dept. of State	GOTAIC SEELEL
P13000093032			11 (2.7 (1)) (0.	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	(Document Number	of Corporation (if known)	)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corpora	tion adopts the fo	ollowing amendment(s) to
A. <u>If amending name, enter the new n</u> N / A	ame of the corporation:			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp." "Inc." or	"Co". A professional c		the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N / A		
D. If amending the registered agent as new registered agent and/or the ne			ne name of the	
Name of New Registered Agent	Anamaria Mendelson			
Come Wiles regarded ligen	300 North Krome Ave B	Hdg 13		
	(Florida .	street address)	<del></del>	
New Registered Office Address:	Florida City		, Florida	33034
<u> </u>		(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

ew Registered 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	$\underline{V}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N /A	
Add			
Remove			
2) Change		N /A	
Add			
Remove			
3 ) Change		N / A	
Add			
Remove			
4) Change		N / A	<u> </u>
Add			
Remove			
5) Change		N/A	
Add			
Remove			
A) Channa		N /A	
6) Change		<del></del>	<del></del>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/ A	
	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A) N / A	
N/A	

,	October 30 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
	ober 30 , 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement .
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
10/30/201	8	
Dated Signature	Larco Au	
(By a select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other cated fiduciary by that fiduciary)	
	MARCO A FLORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	