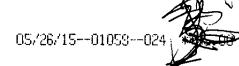
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(Red	questor's Name)	.
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: <u>Caram Investments</u> , <u>Inc</u> DOCUMENT NUMBER: P14000031587			
DOCUMENT NUMBER: 1 14000031587			
The enclosed Articles of Amendment and fee are submitted for filling.			
Please return all correspondence concerning this matter to the following:			
Menendez Law Frm Firm/Company			
Holly wood fr 33021 City/State and Zip Code			
Memail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (954), 963 7220 Area Code & Daytime Telephone Number			
· ·			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

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Articles of Art	nenament 20.
to Articles of Inco	prporation 28/5 MAY 26
Articles of face	information 7726
Caram Investor	nents, Inc. 4:05
(Name of Corporation as currently	filed with the Florida Dept. of State)
0140000 31	587
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverage" of the abbreviation "Inc.," or th	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	99 NW 183 a Street Switz 232C
C. Enter new mailing address, if applicable:	Mani Gardens, R 33169 ag NW 183rd Street
(Mailing address MAY BE A POST OFFICE BOX)	Suite 232C Mani Gardens, for 33169
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	

Page 1 of 4

Signature of New 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	PT	John Doe	
X Remove	¥	Mike Jones	/
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			_ /
Add			/
Remove			/
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>	_ /	
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Articach additional sheets, if necessary).	(Be specific)
	
	/
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(y noi applicable, indicate (WA)	
<u> </u>	
	7
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	and the state of t
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
(voting group)	
(voling 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 May 19,2015 **Signature Guilhen Raran	
X Signature Theilhen Raram	
(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)	
GUINTEME (ARAM (Typed or printed name of person signing) FRESIDENT	
(Typed or printed name of person signing)	
FRESIDENT	
(Title of nervos signing)	_