P15 000008221

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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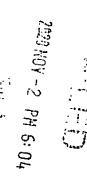
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11/02/20--01011--012 **43.75

S. YOUNG



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: <u>Cadega Corp</u> DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for tiling. Please return all correspondence concerning this matter to the following: Jose L Caceras

Name of Contact Person 6112 Whimbrelwood Dr Address Lithky FL 33547
City/ State and Zin Code caceres, michellet agmail. com For further information concerning this matter, please call: Jose L. Caceres at (813) 758-4640

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filling Fee S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept	. of State)	
P15 000008221			
	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ad	opts the following amendn	nent(s) t
A. If amending name, enter the new name of the corporation:			
		The ne	nr
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation in	or the abbreviation "Corp., une must contain the wor	u u
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 add		ne of the	
new registered agent and/or the new registered office addres			
Name of New Registered Agent Michelle	Caceres		
tl lorida si	reet address)		
New Registered Office Address:		, Florida	
	aCity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		VON 408	<u> </u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligation;	cof the position.	* ; * ; * ; * ; * ; * ; * ; * ; * ; * ;
Michelle Course			
Signature of New I	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 Joint 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: \underline{X} Change	<u>ndol.</u> 19	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	# PT	Inel Cacres	6/12 Whishelwood Dr
Add			Linga FL 33547
<u>√</u> Remove			
2) Change	PT	Michelle Caceres	6/12 Whimbrelucad Dr
Add			Lithia FL 33547
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	eles, enter change(s) here: (Be specific)
· <u> </u>	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for income menting the unit	HOWER TWO COMMING IT THE MICHIGAN TO THE
(if not applicable, indicate $N(A)$	
(if not applicable, indicate NA)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		amendment file dater
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bedocument's effective date on the D		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of afficient for approval.	votes east for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separat	
"The number of votes cast	for the amendment(s) was/were sufficient	for approval
by		
	tvoting group)	
Dated <i>Q</i> _	100 L Carerel	
Signature	has of Carried	
(By a c	irector, president or other officer if direc	tors or officers have not been
	d, by an incorporator – if in the hands of a	receiver, trustee, or other court
арроіг	ted fiduciary by that fiduciary)	
	Jose L Cacpres	
	(Typed or printed name of per	son signing)
	President	
	(Title of person signing)	