P15000032681

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)	1		
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CASA DA CUCA CORPORATION
DOCUMENT NUMBER: \$\frac{15000032681}{}\$
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
DUVEKOT CORPORATION Firm/ Company
1310 PARK CENTRAL BLVD SOUTH
POMPAND BEACH & 33064 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 716 975 X 6008 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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

. ,	of	3 .	
CASA DA	CUCA CORPORATION	2	
(Name of	Corporation as currently filed with the Florida Dept. of Sta	ate)	
P150000	32 686		
	(Document Number of Corporation (if known)	Service Service	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation adopts th	ne following amendment(
A. If amending name, enter the new nar	me of the corporation:	The way	
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional associati B. Enter new principal office address, if (Principal office address MUST BE A ST	fapplicable: N/A	The new or the abbreviation ame must contain the	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O			
D. If amending the registered agent and new registered agent and/or the new	Nor registered office address in Florida, enter the name of the registered office address:	n <u>e</u>	
Name of New Registered Agent	N/A		
Nume of New Registered Agent			
-	(Florida street address)		
New Registered Office Address:	. Florid	la	
	(City)	(Zip Code)	
New Registered Agent's Signature, if ch	anging Registered Agent		
	red agent. I am familiar with and accept the obligations of the	position.	
	N/A		
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 Do	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>S</u>	Gilberto Schneider	1310 Park Central Blud;
Add Remove			STE E31 Pompano Beach FL 3306
2) Change Add	SYP	<u>Graziella Karla</u> Selli Schneider	1310 Park Central Blvd S. STE F31
Remove 3) Change Add			Pompano Beach Fr 3306
Remove 4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

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)	If amending or adding (Attach additional shee	z additional Artic ts, if necessary).	cles, enter change (Be specific)	(s) here:		
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N/A	(if not applicable	nenting the amen indicate N/A)	dment if not cont	iained in the amend	ment itselt:	
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The date of each amendment(s) adoption: D 22 15 date this document was signed.	, if other than the
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 wil 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	
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	
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)	
GILBERTO SCHNEIDER (Typed or printed name of person signing)	 _
PRESIDEAT	
(Title of person signing)	