

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |





300313812363

06/01/18--01022--026 ★+35.00

SECCE MAN 11:00

R WHITE JUN 0 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION:CASA COPPS I | NC | |
|--|---|--|--|
| DOCUMENT NUMBI | ER: P16000000261 | | |
| The enclosed Articles of | f Amendment and fee are su | ibmitted for filing. | |
| Please return all corresp | oondence concerning this ma | tter to the following: | |
| | | WALTER STOCKER | |
| _ | | Name of Contact Person | 1 |
| | | BIZACCOUNTANTS | |
| _ | | Firm/ Company | |
| | | • • | OGE PKWY SUITE 111 |
| _ | | Address | |
| | | HENDERSON, NV 89 | 012 |
| _ | | City/ State and Zip Cod | e |
| | | bizaccountants@yahoo.c | om |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| WALTER STOCKER | | 702 | 480-4341 |
| Name of Contact Person | | Area Code & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| S35 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 | | | Address |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | |
| | Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CASA COPS INC

18 JUN - 1 AM 11: 00

| (Name of Corporation as curren | tly filed with the Florida Dept. of State) OND |
|--|---|
| P16000 | 0000261 |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | The new |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| D. Forten and a significant of the significant is a significant of the significant is a significant of the s | N/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) | N/A |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office add | |
| new registered agent and/or the new registered office addres | <u>ss:</u> |
| Name of New Registered Agent N/A | |
| | |
| (Florida s | treet address) |
| New Registered Office Address: | Florida |
| | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | it: |
| r neveny accept the appointment as registered agent. I am jamitar | with and accept the obligations of the position. |
| | |
| | |
| 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 | <u>PT</u> | John Doe | |
|----------------------------|--------------|-------------|----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | PTSD | BART COPS | 1070 W HORIZON RIDGE |
| Add | | | PKWY SUITE 111 |
| Remove | | | HENDERSON, NV 89012 |
| 2) Change | | _ | N/A |
| Add | | | |
| Remove | | | |
| 3) Change | <u>T</u> | DAISY MAE | N/A |
| Add | | | |
| X Remove | | | |
| 4) Change | <u>s</u> | DAISY MAE | N/A |
| Add | | | |
| X Remove | | | |
| 5) Change | D | DAISY MAE | N/A |
| Add | | | |
| X Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If am | ending or adding additional Articles, enter change(s) here: a additional sheets, if necessary). (Be specific) |
|---------------|--|
| N/A | · . |
| | |
| | |
| | |
| | |
| | |
| _ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| . | |
| | |
| | |
| - | |
| | |
| | |
| F. If an | mendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |
| prov (| if not applicable, indicate N/A) |
| N/A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | 5/25/18 | |
|---|---|--------------------------------|
| The date of each amendment(s) a date this document was signed. | | , if other than the |
| | 5/25/18 | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | <u> </u> |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | lopted by the shareholders. The number of votes cast for the amendmen ufficient for approval. | ı(s) |
| | proved by the shareholders through voting groups. The following stater reach voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| • | (voting group) | |
| ☐ The amendment(s) was/were ad action was not required. | lopted by the board of directors without shareholder action and sharehol | der |
| The amendment(s) was/were ad action was not required. | lopted by the incorporators without shareholder action and shareholder | |
| Dated | 5/25/18 | |
| Signature | - Color | |
| (By a select | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary) | |
| | BART COPS | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |