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DIVISION OF CORPORATION

JAHO 9 TOTAL

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	CAERCA INTER	NATIONAL INC.			
DOCUMENT NUMB	ER:				
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.			
Please return all corresp	oondence concerning this ma	atter to the following:			
(	CARLOS RAUL RUIZ				
-	Name of Contact Person CAERCA INTERNATIONAL INC.				
-	Firm/ Company 1102 MOSAIC DR.				
-	Address CELEBRATION, FLORIDA 34747				
<del>-</del>		City/ State and Zip Coo	de		
спу@е	espor7s.com				
For further information	E-mail address: (to be us	sed for future annual report se call:	t notification)		
CARLOS RAUL RUIZ		407 at (	7294722		
Name of Contact Person			ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
☐ \$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address dment Section on of Corporations a Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

	of
CAERCA INTERNATIONAL INC.	9
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following am
<ol> <li>If amending name, enter the new name of the corporation.</li> </ol>	i <u>on:</u>
	The
name must be distinguishable and contain the word "corp "Corp" "Inc" or Co" or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrevials. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	" or "Co". A professional corporation name must conta iation "P.A."  N/A
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered offic new registered agent and/or the new registered office agent.	
N/A Name of New Registered Agent	
	rida street address)
N/A	,
New Registered Office Address:	, Florida
lew Registered Agent's Signature, if changing Registered	Agent:
hereby accept the appointment as registered agent. I am fan	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CEOD		CARLOS RAUL RUIZ	1102 MOSAIC DR
X Add		_		CELEBRATION, FLORIDA
Remove				34747
2) Change				
Add	<del></del>			
Remove				
3) Change		_		
Add				<del></del>
Remove				<del></del>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or ad (Attach additional)	ding additional Articles, enterior sheets, if necessary). (Be specified)	er change(s) here:		
N/A	несть, и несельшур. — (De spe	cegic)		
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	<u> </u>	- <del></del>	<u> </u>	• • • • • • • • • • • • • • • • • • • •
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F. If an amendment p	provides for an exchange, recolementing the amendment if	classification, or cance	llation of issued shares,	
(if not applica	ble, indicate N/A)	i not comanied in the	imenament usen.	
N/A				
		<del> </del>		<u> </u>
				·····
			·	<del></del>
			<del></del>	
			<u></u>	

•	11/15/2019	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
11	/15/2019	
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	1
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
11/15/201	9	
Dated		
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 court need fiduciary by that fiduciary)	
	LUIS PEDRO RUIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>