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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CASA ALEGRIA	INC.	
DOCUMENT NUMB	D1 (0000 0 0 10 10		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SOFIA POWELL- COSIO		
-		Name of Contact Person	1
	SPC MANAGEMENT SERV	ICES, INC.	
-		Firm/ Company	
	1900 SW 3RD AVENUE		
-		Address	
	MIAMI, FL., 33129		
		City/ State and Zip Cod	e
spcmg	mtservices@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	579-9988
		at ()
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CASA ALEGRIA INC.	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P16000054210	•
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
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)	SECRETARISE SECRET
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	address in Fiorida, enter the name of the
Name of New Registered Agent	
(Florid	la street 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 famil	liar with and accept the obligations of the position.
Signature of No.	ew 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 V Mike Jones X Remove X Add <u>SV</u> Sally Smith Address Type of Action Title <u>Name</u> (Check One) ABELARDO DE LA ESPRIELLA 7133 WEST LAGO DRIVE 1) ____ Change CORAL GABLES, FL 33143 Add Remove 7133 WEST LAGO DRIVE ANA LUCIA PINEDA 2) ____ Change CORAL GABLES, FL 33143 $_$ Add Remove P/S REINALDO J. URECHE 2665 SW THIRD AVENUE Change **APT #307** Add MIAMI, FL 33133 Remove 4) ____ Change Add Remove 5) ____ Change __ Add Remove

6) ____ Change

Add

Remove

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f an amendmen	nt provides for an exc	change, reclassific	ation, or cancellati	on of issued shares,	
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provisions for i	implementing the am	change, reclassific nendment if not co	ation, or cancellati ntained in the ame	on of issued shares, ndment itself:	

· •	JUNE 29, 2016	
The date of each amendment(s)		, if other than th
date this document was signed.		
JU Effective date <u>if applicable</u> :	INE 29, 2016	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	6/29/2016	
Signature	Polo U.	
	a director, president or other officer – if directors or officers have not been	1
	sted, by an incorporator - if in the hands of a receiver, trustee, or other cou	ırt
appo	inted fiduciary by that fiduciary)	
	REINALDO J. URECHE	
	(Typed or printed name of person signing)	
	PRESIDENT/ SECRETARY	
	(Title of person signing)	