P16000073917

(Req	uestor's Name)			
(Add	ress)			
(Add	Iress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	filing Officer:			
L				

Office Use Only



200291153082

200291153002 10/17/16--01048--006 **35.00

PRINCE I 7 AMID: DA

717 AM 10: 08

OCT 25, 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	N: CAS	A HOHDRAGE	OHE, INC.	
DOCUMENT NUMBER: _		0000 13917		
The enclosed Articles of Ame	ndment and fee are sub	mitted for filing.		
Please return all corresponder	oce concerning this matt	er to the following:		
	VITO HA	TTIA, VISCO+	111	
		Name of Contact Person	,	
Firm/Company				
620 NE 785t				
<u> </u>	<u> </u>	Address		
	MIAMI	FC 331	38	
		City/ State and Zip Code		
<u>VIS</u>	COMPIUITO	92 @ C. K.A.I.L.C	CO U	
For further information concerning this matter, please call:				
VITO HATTIA	11SCOMTI	at (863	5582941	
Name of Con	tact Person	Area Code	& Daytime Telephone Number	
Enclosed is a check for the R	ollowing នាលេខាក stade p	eyable to the Florida Depart	tmont of States	
535 Filing Fee	1343./3 riling ree & Certificate of Status	Confided Copy (Additional copy is enclosed)	Desciso Filing Poo Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendale Division o P.O. Box 6	f Corporations		ment Section of Corporations	

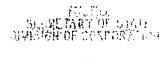
Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of



2016 OCT 17 AM 10: 09

CASA HONDRAGOHE, INC.
(Name of Corporation as currently filed with the Florida Dent. of State)
P16000073917
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes this Florida Profit Cornaration adopts the following amenda its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The next
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
R. Enter new principal office address if applicable: (Principal office address MUST BE A STREET ADDRESS)
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
Now Beatermed Office Address.
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

If amonding 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 milditional 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 PSI and Mike Jones is tissed as the P. 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 ¥ X Remove Miles Jones <u>va</u> X Add Eally Smith Address Type of Action <u>Title</u> Name: (Check One) 620 HE IRST MATHOZZO SALVATORE WIAM FL 33/38 hh A _ Remove 620 HE 4851 VISCONTI, VITO MATTIA 2) ____ Change HIAM <u>⊀</u> Add Romove 3) ____ Change __ Add

4) Change Add _ Remove 5) ____ Change Add Remove 6) ____Change Add Remove

J	SELECTION OF STATE	
The date of each amendment(s) adoption this document was signed.	etion: 10/14/16 EVENUE TART OF STREET, if other than to	the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as riment of State's records.	the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were edopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appro	oved by the shareholders through voting groups. The following statement	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
Dated O	16 16 0110	
(By a dir	roctor, president or other officer - if directors or officers have not been , by an incorporate of it is the hunds of a receiver, trustee, or other court.	
-	SALVATORE HATUOZZO (Typed or printed value of person signing)	
_	PRESIDENT (Title of person algoring)	
	(1 He of betson signing)	