## P16000074262

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	Cael Cards Inc.		
	P16000074262		
DOCUMENT NUMB	ER:		·
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Carlos A. Insignares		
		Name of Contact Person	on
	0/21 CW 70 T	Firm/ Company	
_	9624 SW 79 Terr.		
	Miami, Fl. 33173	Address	
•		City/ State and Zip Co	de
Insig0	164@aol.com		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call:	
Carlos A. Insignares		786 at (	269-3804
Name o	f Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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	Amer Divisi Clifto	t Address Indment Section It ion of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

	to
Articles of	Incorporation
	Δf

· r	Articles of I	Amendment to ncorporation	THE PARTY OF THE P
Cael Cards Inc.	,	of	10000000000000000000000000000000000000
(Name o	of Corporation as curren	ntly filed with the Florida Dept, of State)	500 B
P16000074262			
	(Document Number	of Corporation (if known)	1 Page 1
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following	wing amendment(s) to
A. If amending name, enter the new na Carlos Antonio Insignares - CAI Card De			The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name nution P.A."  9624 SW 79 Tett	e abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		Miami, Fl. 33173	
C. Enter new mailing address, if appli		9624 SW 79 Terr.	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Fl. 33173	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			<del></del>
<u>Name of New Registerea Agent</u>	9624 SW 79 Terr.		<del></del>
Non Project 106	(Florida Miami	street address) 3317 Florida	3
			Lip Code)
New Registered Office Address:  New Registered Agent's Signature, if continue to the different as registered to the different as registered.	hanging Registered Age ered agent: 1 am familin	(City) , Florida	Lip Code)

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 Doc	
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) Change	VP	Eliott Camelot	162 NE 25 Street Apt, 517
Add			Miami, FL 33137
X Remove			
2) Change			
Add			<u> </u>
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			<del> </del>
Add			
Remove			

Line Committee of	(Attach additional sheets, if necessary). (Be specific) t is the decision of the director and owner of Cael Cards Inc. that the name will be change to CAI Card Designs Inc.			
iou Camelot resi	gned his position as VP as of May, 2018.			
<del></del>	<del></del>			
_ <del></del>	· · · · · · · · · · · · · · · · · · ·			
If an amandme	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)			
provisions for (if not app				
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## December 31, 2018 The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. 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 will not be listed as the document's effective date on the Department of State's records. 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 east for the amendment(s) was/were sufficient for approval (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.

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)

Carlos A. Insignares

December 31, 2018

Dated

(Typed or printed name of person signing)
Director

(Title of person signing)