

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

Office Use Only



600299356936

05/23/17--01008--019 **35.00

MAY 2 6 2017

R. WHITE

H27 22 F1 1: 15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CASTORHEN M.	ANAGEMENT, INC.
DOCUMENT NUMBER: P17000002747	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
RODRIGO POSADA	
	Name of Contact Person
GRUSHOFF & POSADA	
	Firm/ Company
6991 W BROWARD BLVD	STE 105
4-14-4	Address
PLANTATION, FL 33317	
	City/ State and Zip Code
RODRIGO@EZFILEINC.COM	
E-mail address: (to be u	ised for finure annual report notification)
For further information concerning this matter, plea	
RODRIGO POSADA	at () 316-2590
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 HU 22 PH 1: 19

(Name of Corporation as currently filed with the Florida Dept. of State) CASTORHEN MANAGEMENT, INC. (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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." 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) 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: **EDDY VALDES** Name of New Registered Agent 4704 SW 160TH AVE APT 214 (Florida street address) . Florida_ MIRAMAR New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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 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	$\underline{\mathbf{V}}$	Mike Jone	<u>s</u>		
X Add	<u>sv</u>	Sally Smit	1		
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>ame</u>		<u>Addres</u> s
1) Change	DP	J	ASON TORRES		4704 SW 160TH AVE
Add					APT 214
X Remove					MIRAMAR, FL 33027
2) Change	DP	E	DDY VALDES		4704 SW 160TH AVE
X Add					APT 214
Remove					MIRAMAR, FL 33027
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	g additional Arti ets, if necessury).	(Be specific)			
			,,.		
an amendment propositions for implementations (if not applicable	menting the ame	nange, reclassific ndment if not co	cation, or cancella ontained in the am	tion of issued shar endment itself:	<u>es,</u>
,, ,,					
., 1					
., 1					
., .,					
., .,					

The date of each amendment(s) adoption:	if other than the
date this document was signed.	, if other man the
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 vidocument's effective date on the Department of State's records.	vill not be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
MAY 17, 2017	
Signature Walks	
(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)	
EDDY VALDES	
(Typed or printed name of person signing)	
DIRECTOR PRESIDENT	
(Title of person signing)	