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COVER LETTER

TO: Amendment Section

Division of Corpora	ations			
NAME OF CORPORA	TION: CACFENTERP	RISES INC		
	DIZODODTUAD			
DOCUMENT NUMBE	AC:			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this mat	ter to the following:		
<u> </u>	ARLOS CUARTAS-FORE			
		Name of Contact Po	erson 	
<u>C</u>	A C F ENTERPRISES INC	·		
		Firm/ Company	ý Í	
9	00 SEABROOK AVE			
		Address		
	DAVIE FL 33325			
		City/ State and Zip	Code 	
c_andre	escf@hotmail.com			
	E-mail address: (to be us	ed for future annual re	port notification)	
For further information of	concerning this matter, pleas	e call:		
CARLOS CUARTAS-F	FORERO	at (205-0716	
Name of	Contact Person	Are	a 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 & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy if enclosed)	Certificate of Status	
Ameno Divisio P.O. B	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	Ar Di Cl 26	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

C.A.C.F ENTERPRISES INC

(Name of Corporation as currently f	filed with the Florida Dept. of State)
P17000007840		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this FL its Articles of Incorporation:	orida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	the abbreviation emust contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		·
,		
C. Enter new mailing address, if applicable:		17
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		THE TOTAL
		F -F
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	The second second
new registered agent and/or the new registered office address:		일을 하
Name of New Registered Agent		-
(Florida street	address)	
New Registered Office Address:	, Fiorida	
	ity)	(Zip Code)
Non-Parisonal Association of the main Decisional Associa		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the po	sition.
Signature of New Reg	istered Agent, if changing	
	.	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove,	ind/or D. if necessivector title President, Chief F. chief for the followers the co	irector be ary) e by the fir ; T= Trea Financial (or would b Howing ma orporation	ing added: est letter of the office title: surer; S= Secretary; D= D Officer. If an officer/directo e PTD. unner. Currently John Doe 1, Sally Smith is named the V	rector; TR= Tr. holds more th s fisted as the f	director being removed and title, name, and sustee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ and one title, list the first letter of each office and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doo	a 2		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) Change	VP		CAMILO CUARTAS		900 SEABROOK AVE
Add		_			DAVIE FL 33325
X Remove					
2) Change	VP		LUCERO FORERO		900 SEABROOK AVE
X Add		_			DAVIE FL 33325
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		-			
Add					
Remove					-
6) Change		_			
Add					

__ Remove

If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
If an amendment provides for an exchange, reclassification, or c	cancellation of issued shares,
provisions for implementing the amendment if not contained in	the amendment itself:
(if not applicable, indicate N/A)	
	1
	1

07/14/2017	\
The date of each amendment(s) adoption:date this document was signed.	, if other than the
07/14/2017	
Effective date if applicable: (no more than 90 do	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicabl document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The nu by the shareholders was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes east for the amendment(s) was/were su	afficient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors wit action was not required.	hout shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
07/14/2017 Dated	
Dated	_
Signature	
(By a director, president or other officer- selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	
CARLOS CUARTAS-FORERO	
(Typed or printed name	ne of person signing)
PRESIDENT	
(Title of n	erson signing)