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SEP 29 2017 S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CAUSA SUI COM	PANY, INC.		
DOCUMENT NUMB	ER:		<u> </u>	
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
	Thomas Baur			
_		Name of Contact Persor	1	
!	Baur & Klein, P.A.			
<del>-</del>		Firm/ Company		
	100 N. Biscayne Blvd. Suite	2100		
-		Address		
:	Miami, Florida, 33132			
-		City/ State and Zip Code	:	
thaur@	worldwidelaw.com			
-	E-mail address: (to be us	ed for future annual report	notification)	
For further information Thomas Baur	concerning this matter, pleas		377-3561	
Name or	Contact Person	at { Area Co	) 377-3561 de & Daytime Telephone Number	
	the following amount made p			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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, F1, 32301		

## Articles of Amendment to Articles of Incorporation of

Causa Sui Company, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000013392	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following 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 "Oword "chartered," "professional association," or the abbreviation "I	." "company," or "incorporated" or the abbreviation To". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAL SEP 2
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	20
(Florida stre	et address)
New Registered Office Address:	
•	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Page 1 of 4

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.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PTSD	Tobias Braeuer	Willbecker Busch 18b
Add			D-40699 Erkrath
Remove			Germany
2) Change	DVST	Andrea Faustmann	Koelnischfeld 4
Add			D-Springe, 31832
X Remove			Germany
3) Change	VD	Rene Braeuer	Willbecker Busch 18b
X Add			D-40699 Erkrath
Remove			Germany
4) Change	D	Janina Schroeder	Dellestraße 79
X Add		_	D-40627 Duesseldorf
Remove			Germany
5) Change			
Add		_	
Remove			
Komove			-
6) Change			
Add			
Remove			

Attach <i>addi.</i>	tional sheets, if necessary	). (Be specific)				
	<u> </u>				_	
				<del></del>		
_						
					_	
f an ameno	Iment provides for an e for implementing the a	schange, reclassif	ication, or cance	llation of issued	<u>shares,</u> f:	
(if not	applicable, indicate N/A)				<del>-</del>	
-						
						<del></del>
		· <u>·</u>	<del>.</del>			_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	iment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
Dated 9122/17	
Signature	
Signature  (By a director president or other officer—if directors or officers have no	t been
selected, by an incorporator - if in the hands of a receiver, trustee, or oth	
appointed fiduciary by that fiduciary)	
TOBIAS BRAEVER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>