8/22/2017

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(((H17000223607 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : 120080000033 : (305)644-3055

: (305)644-3052 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CARIBBEAN FINANCIAL GROUP CORP

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COVER LETTER

4			
TO: Amendment Sec Division of Corp			
NAME OF CORPO	PRATION: CARIBBEAN FIN	ANCIAL GROUP CORP	
DOCUMENT NUM	P17000021087		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this mat	ner to the following:	
•	ENNA DIEPPA		·
		Name of Contact Person	1
	KIJOENNA SERVICES INC	_	
		Firm/ Company	
	2141 SW 19t ST STE 110	<u></u>	
		Address	
	MIAMI, FL 33135		
		City/ State and Zip Code	
		•	
KJE	SERVICES@YAHOO.COM		
,	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
ENNA DIEPPA		at (786	4997231
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
м	ailing Add <u>ress</u>	Street	Address
	nendment Section		ment Section
	vision of Corporations		on of Corporations
	O. Box 6327 Illahassee, FL 32314		Building . xecutive Center Circle
18	Marina soci e en nen el	=====	•

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CARIBBEAN FINANCIAL GROUP CORP	
(Name of Corporation as currenth	y filed with the Florida Dept, of State)
P17000021087	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
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 "word "chartered," "professional association," or the abbreviation "	Co". A projessional corporation nume must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	HALLANDALE BEACH, FL33009
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 new registered agent and/or the new registered office address Name of New Registered Agent	H 8: 36
,	eet address)
New Registered Office Address: 500 S FEDERAL HWY ST	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	: with and accept the obligations of the position. 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 D	<u> </u>		
X Remove	<u>V</u>	Mike J	ones .		
X Add	<u>\$V</u>	Sally S	e <u>with</u>		
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1)Change		_			· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
2) Change				-	·
Add					
Remove					·
3) Change				, _	
Add		-	· 		
Remove					
4) Change				_	
Add Remove					
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5) Change		_		_	
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. If an	amendment provides for a	<u>n exchange, reclassificati</u> e amendment if not conta	on, or cancellation of issued : sined in the amendment itself	inares.
DEAN	if not applicable, indicate N	V/A) ·		- ,
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prov (N/A				

3056443052

- (Typed or printed name of person signing)

(Title of person signing)

PRESIDENT