

**P17000049929**

H20000403341 3  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000403341 3))



H200004033413ADCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : CONTACTS@MIA1.COM INC  
Account Number : 100000000130  
Phone : (954) 345-1888  
Fax Number : (954) 711-1940

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

Email Address: \_\_\_\_\_

2020 NOV 23 AM 9:25  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CASA DEL TABACO CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

2020 NOV 23 PM 1:11

Electronic Filing Menu

Corporate Filing Menu

Help

2020 NOV 23 2020

H20000403341 3

H20000403341 3

Articles of Amendment  
to  
Articles of Incorporation  
of

CASA DEL TABACO CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000049929

(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:

*The new 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)

1336 SW 8TH ST

MIAMI, FL 33135

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1336 SW 8TH ST

MIAMI, FL 33135

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:

Name of New Registered Agent

CABRERA FRANCISCO, MONICA BEATRIZ

3487 NW 22TH AVE APT 107

(Florida street address)

New Registered Office Address:

MIAMI

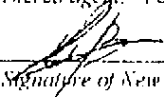
(City)

Florida 33142

(Zip Code)

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.

X   
Signature of New Registered Agent, if changing

FILED  
2020 NOV 23 AM 9:25  
STATE OF FLORIDA  
TALLAHASSEE

H20000403341 3





H20000403341 3

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)

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):

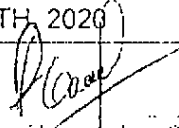
"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

☐ 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.

Dated OCTOBER 28TH, 2020

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)

ALEIDA FRANCISCO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H20000403341 3