## P1700051568

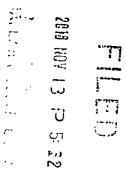
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	-





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:CASSA TUA COI	RP 	
DOCUMENT NUME	P17000051568	A describer of	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CRISTINA M CASTILLO		
•	<del> </del>	Name of Contact Person	1
	CASSA TUA CORP		
,	<u> </u>	Firm/ Company	
	2150 SANS SOUCI BLVD	APT 906	
•		Address	· · · · · ·
	NORTH MIAMI, FL 33181		
•		City/ State and Zip Cod	e
	E mail address: (to be u	sed for future annual report	notification)
	13-man address. (to be us	sed for fature annual report	normeuron)
For further information	concerning this matter, pleas	se call:	
CRISTINA M CASTILLO		at ( 305	de & Daytime Telephone Number
Name 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)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CASSA TUA CORP

CASSA TUA CORP	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000051568	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	natutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp-	oration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off  Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
Non-Decisional Assessed Circumstance of the continuous Decision	(City) (Zip Code)
	m familiar with and accept the obligations of the position.
Signatu	re 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 Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	FERNANDO C. CASTILLO	2150 SANS SOUCI BLVD	
X Add			APT 906	
Remove			NORTH MIAMI, FL 33181	
2) Change				
Add				
Remove				
3 ) Change			<u></u>	
Add				
Remove			-	
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necess	il Articles, enter ch ary). (Be specific	)			
			·	·	
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f an amendment provides for ar	n ovchunge reclass	rification or canc	ellation of issued s	hares	
provisions for implementing the	<u>e amendment if no</u>	t contained in the	amendment itself:	•	
(if not applicable, indicate N	Z4)				
<del></del>					
		·			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/31/	2018	
Dated Signature	noting Beating	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	CRISTINA M CASTILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	