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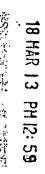
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R. WHITE MAR 1 4 2018



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: <u>5.0</u>	Caro True	ching Inc		
DOCUMENT NUMBE	r:P19	800001598	7		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
_	France	Name of Contact Person	2		
	N/A				
_		Firm/ Company	9		
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West Palm Beach FL 33416					
		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information of	oncerning this matter, pleas	ee call:			
	oncoming this fractor, pleas	c can.			
trances	Menole 7	at (561	713-9708		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	he following amount made j	anughla ta tha Elawida Dane	outmant of State.		
inclosed is a cheek for i	ne following amount made j	payable to the Florida Depa	arment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Mailin</u>	g Address	Street	Address		
	lment Section	Amendment Section			
	on of Corporations ox 6327	Division of Corporations Clifton Building			
	assee, FL 32314		Executive Center Circle		
		Tallaha	assee, FL 32301		

Articles of Amendment

18 MAR 13 PH 12: 59

	of			11716 03
5.0 .0	, -	Truck	ing The	
-		•••	orida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
218	000019	5987		
(Doc	ument Number of C	Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florests Articles of Incorporation:	ida Statutes, this Fi	lorida Profit Cor _l	poration adopts the fo	ollowing amendment(
a. If amending name, enter the new name of the	corporation:			
				The new
ame must be distinguishable and contain the w "Corp.," "Inc" or Co.," or the designation "Co. word "chartered," "professional association," or the	rp," "Inc," or "C	o'. A profession		
3. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET Al</u>				
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u>30x</u>)		· · · · · · · · · · · · · · · · · · ·	
				
D. If amending the registered agent and/or registered agent and/or the new registered		ss in Florida, ent	ter the name of the	
Name of New Registered Agent				
Tame of New Neglisierea Agent			7.	
	(Florida stree	t address)		
New Registered Office Address:	·	ŕ	121 · 1	
wew Registered Office Address.	((City)	, Flo r ida	(Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent		th and accent the	obligations of the no	cition
approximation of the agent	······································	unu uccepi inc	venguinas of the po	VIII V 761
**************************************			····	
Si	gnature of New Res	gistered Agent if	changina	

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:	,	, 5, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Patricio Santos Rome	ero
Add			1531 Drevel Rd Lot 180
Remove			W.P.B FL 33417
2) Change			
Add			
Remove			
3) Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add		·	
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) hore: (Be specific)
	7 7

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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate M/4)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
or implementing the ame (if not applicable, indicate N/A)	indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

● 1 × × •	1 1	
The date of each amendment(s) adoption: date this document was signed.	02/15/18	, if other than the
Effective date if applicable:	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block doe document's effective date on the Department		g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f		ast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voi		
"The number of votes cast for the a	mendment(s) was/were sufficient for app	roval
by		
J.	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder act	ion and shareholder
Dated 3/6	118	
(By a director, p selected, by an	resident or other officer – Hairectors or incorporator – if in the hands of a receive iary by that fiduciary)	
	Santlago Lor (Typed or printed name of person sign	aing)
	(Title of person signing)	الحد