# P180000 20110

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## COVER LETTER

Division of Corpora	ntions		
NAME OF CORPORA	TION: <u>Cazibbea</u>	an Thistoen	lvc
DOCUMENT NUMBE	r: <u>//8000</u>	020/10	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
_		Parrios Name of Contact Person Fan 13 /vc Firm/ Company.	
_	5261 A	Firm/Company. Ill <u>Enia Boule</u> Address	-vazd #128
_		71. 3283° City/ State and Zip Code	2
	Cazibbean T E-mail address: (to be us	Nicteen Ogmain led for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Robert Name of	Bazzios Contact Person	at ( 786	) 209 5037 de & Daytime Telephone Number
	he following amount made p		
S35 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)
\$4.00	- Addmone	Cemané	Addmire

### Mailing Address

TO: Amendment Section

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, FL 32301

# Articles of Amendment

to

Articles of Incorporation

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Caribbean this	Etreen INC.
(Name of Corporation as of	currently filed with the Florida Dept, of State)
P18000	7301/0
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ition:
Cazibbean	13 /NC, The new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp." "Incword "chartered," "professional association," or the abbrev	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	5061 Millenia Boulévard
C. Enter new mailing address, if applicable:	Orlando, 71. 32839
(Mailing address MAY BE A POST OFFICE BOX)	5211 Millenix Boulevard #128 Ozlando, 41.32839
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, enter the name of the
Name of New Registered Agent	
(FI	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fo	
Signature o	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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
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			
5) Change			
Add			
Remove			
Kenove			
6) Change			
Add			
Remove			

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THE COLUMN	a. c. fac.	···		
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	<u>-</u>			
'an amendment ni	rovides for an exchange	e reclassification or	cancellation of issued sh	ares
provisions for imp	elementing the amendmode, indicate N/A)	ent if not contained in	the amendment itself:	
		<del></del>	<u> </u>	
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				·

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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 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"	
by	
☐ 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 4/29/2019	
Signature XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(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)	
Robert Barrios	
(Typed or printed name of person signing)	
OWNER IP	
(Title of person signing)	