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SECRETARY OF STARS.

AUG 2 7 2013



## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CARIBBENA STA	ANDARD CORP			
DOCUMENT NUME	BER: P18000059889				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ALICIA SAEZ				
	Name of Contact Person				
		Firm/ Company			
	5824 PRECISION DRIVE				
	ORLANDO, FL 32819	Address			
		City/ State and Zip Code	2		
ALICI	A,APDC@HOTMAIL.COM	•			
	_	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
ALICIA AMARO		at ( <u>407</u>	491-2085		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
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)		
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

FILED

CARIBBEAN STANDARD CORP.	2013 AUG 22 C
(Name of Corporatio	on as currently filed with the Florida Dept. of State
P18000059889	JEONE WAY OF STATE
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	Thenew
	l "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	(Florida street address)
	trioriaa sireet adaress)
New Registered Office Address:	, Florida
	(comp
New Registered Agent's Signature, if changing Regi	
hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	72
Signa	ture 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	FIGUEROA, THOMAS	41040 HIGHWAY 27		
Add			STE 5		
X Remove			DAVENPORT, FL 33837		
2) Change	VP	FIGUEREO, FAUSTO	41040 HIGHWAY 27		
X Add			STE 5		
Remove			DAVENPORT, FL 33837		
3 ) Change		_			
Add			<del></del> -		
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary).	
	(be specific)
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if an amandment arouides for an arch	and realization or concellation of igned charge
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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	07/09/18	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	9/18	
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 D	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of the approval.	n(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.  The amendment(s) was/were ad	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	lder
action was not required.		
7/9/18 Dated	lirector, president or other officer – if directors or officers have not bee	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	LEONARDO RAMIREZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	

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