P180001392H

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CASA HISPANA	DE MULTISERVICIOS E	ν('
DOCUMENT NUM	018000072031		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROBERTO ARGUELLO		
		Name of Contact Person	1
	CASA HISPANA DE MULT	TISERVICIOS INC	
		Firm Company	
	11725 COLLIER BLVD SU	ITE A-I	
	-	Address	
	NAPLES,FLÖRIDA 34116		
		City State and Zip Cod	<u> </u>
les of	Philippe in the control of the control	s inter-sizes at	
ков	ERTOARGUELLO@COMC.		
	n-mail address; (to be u	sed for future annual report	nottication)
For further informatio	on concerning this matter, plea-	se call:	
ROBERTO ARGUEI	.1.0	at (682-2538
Name	of Contact Person	Area Co	de & Daytime Telephone Number
hnclosed is a check for	or the following amount made	payable to the Florida Depo	irtment 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)
	iling Address endment Section		Address Iment Section
	ision of Corporations		on of Corporations
P,O	. Box 6327	Clifton	Building
Fafi	lahassee, FL 32314		xecutive Center Circle
		Lallaha	issee, FL 32301

Articles of Amendment 10 Articles of Incorporation

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CASA HISPANA DE MULTISERVICIOS INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000073924 (Document Number of Corporation (if known)

SEDRL TARY OF STATE
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to TALL ARASSEE, FL

ats Articles of Incorporation: 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." 4523 CORAL PALM LN #3 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NAPLES,FLORIDA 34116 C. Enter new mailing address, if applicable: 4523 CORAL PALM LN #3 (Mailing address MAY BE A POST OFFICE BON) NAPLES, FLORIDA 34116 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 (Florida street address) , Florida New Registered Office Address: (Cuv) (Zin Code) New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

Hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

(Attacheadditional sheets, if necessary)

Please note the officeralization 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: \(\Secondsymbol{\Sec	<u>PT</u>	John Doe	
∑ Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Lype of Action (Check One)	Title	<u>Name</u>	Address
Li Change	VP	MARTINEZ YOAN	140 GOLDEN GATE BLVD WEST
Add			NAPLES,FLORIDA 34116
XXX Remove			
2)Change	VP.	KARLA ARGUELLO	4523 CORAL PALM EN #3
XXX Add			NAPLES,FLORIDA 34116
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additions	adding additional Articles, en Usheets, if necessary), — (Be sj	pecifics -		
				
		·		
				
				
			_	
lf an amendmer	t provides for an exchange, r	reclassification, or car	cellation of issued sha	res,
provisions for	mplementing the amendment	t if not contained in th	ie amendment itself:	
(if not appi	cable, indicate N/A)			
\				
· <u>-</u>				
				
-				

The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	10 17/2018	
<u></u>	tno more than 90 days after amendment file dates	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	to approved by the shareholders through voting groups. The tollowing statement of for each voting group entitled to vote separately on the amendment(s):	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
10 17/	2018	
DatedSignature	Q_{0}	
(B 83	ty a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	ROBERTO ARGUELLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	