# P180000 78098

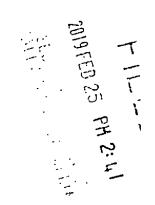
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	CAVI OUTSOU	RCING CORP		
DOCUMENT NUMBER:	P18000078098			
The enclosed Articles of Amend	<i>lment</i> and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
		CARLOS A. CAMINO	)	
	Name of Contact Person			
<del></del>		Firm/ Company	<u> </u>	
		2594 CHATHAM CIRC	LE	
	<del> </del>	Address	<del> </del>	
KISSIMMEE, FLORIDA 34746				
		City/ State and Zip Code	e	
		ccamino@caviworks.co	om	
E-ma	il address: (to be u	sed for future annual report	notification)	
For further information concerning	ng this matter, pleas	se call: 786	508-3330	
Carlos A. Camino		at (		
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	irtment of State:	
	3.75 Filing Fee & rtificate 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)	
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle	
		Tallaha	issee, FL 32301	

## **Articles of Amendment**

### Articles of Incorporation

#### **CAVI OUTSOURCING CORP**

to Articles of In	· // 6-		
CAVI OUTSOURCING CORP	SE 25 PM		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P18000078098			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
	2594 CHATHAM CIRCLE		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	KISSSIMMEE, FLORIDA 34746		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2594 CHATHAM CIRCLE		
	KISSIMMEE, FLORIDA 34746		
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses			
Name of New Registered Agent			
(Florida s	reet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
, , , , , , , , , , , , , , , , , , , ,	,		

Signature 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, nai 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. T 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 Ci 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)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	VP	ANDRES CAMINO LITUMA	2622 CHATHAM CIRCLE		
Add x Remove			KISSIMME FL 34746		
2) Change	VP	CARLOS CAMINO LITUMA	2622 CHATHAM CIRCLE		
Add			KISSIMMEE FL 34746		
Remove 3) Change		JUAN CAMINO	44-42 NW 204 ST.		
Add			MIAMI GARDEN, FLORIDA		
X Remove			33055		
4) Change			<del></del>		
Add					
Remove					
5) Change			<del></del>		
Add					
Remove					
6) Change			<del></del>		
Add					
Remove					

	adding additional Arti al sheets, if necessary).	(Be specific)			
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f an amendme	nt provides for an exch	ange reclassifics	tion or cancella	tion of issued show	rac
<u>provisions for</u>	implementing the amer	ndment if not con	tained in the am	endment itself:	4.04
(if not app	icable, indicate N/A)				
N/A					
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<del></del>					
				· · · · · · · · · · · · · · · · · · ·	

	02/15/2019	
The date of each amendment(s) ac	doption:	, if other
date this document was signed.		
Effective data if annihable.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this be document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be lister
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
• • • • • • • • • • • • • • • • • • • •	proved by the shareholders through voting groups. The following statement 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	**	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
02/15 Dated	5/2019	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	<del></del>
	CARLOS CAMINO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	