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COVER LETTER

| TO: Amendment Se Division of Cor | | | |
|-------------------------------------|---|--|--|
| NAME OF CORPO | ORATION: Cabessa Real Estat | e & Investments, Inc | |
| DOCUMENT NUM | 1BER: P20000011966 | | |
| | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | respondence concerning this ma | tter to the following: | |
| | Asi Cabessa | | |
| | | Name of Contact Persor | 1 |
| | Cabessa Real Estate & Invest | | |
| | | Firm/ Company | |
| | 210 SW 15th Street | | |
| | | Address | |
| | Fort Lauderdale, FL 33315 | | |
| | | City/ State and Zip Code | |
| | asihena@yahoo.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informati | on concerning this matter, pleas | se call: | |
| Asi Cabessa | | 954- at (| 770-9502 |
| Name | e of Contact Person | Area Coo |) 770-9502 de & Daytime Telephone Number |
| Enclosed is a check t | for the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>M</u> : | ailing Address | | Address |
| | nendment Section | Amendment Section | |
| Division of Corporations | | Division of Corporations The Centre of Tallahassee | |
| | D. Box 6327 Nahassee, FL 32314 | | Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| of Corporation as currently | filed with the Florida De | ept, of State) | |
|----------------------------------|--|--|---|
| | | | |
| (Document Number of | Corporation (if known) | <u> </u> | |
| .1006, Florida Statutes, this F | Iorida Profit Corporation | adopts the following ame | endment(s) to |
| ame of the corporation: | | | |
| | | The | new |
| Torp," "Inc," or "Co". A | ompany," or "incorporated professional corporation | d" or the abbreviation "Co name must contain the | orp" word |
| | | | |
| | | SECN-TOWN OF | ZOZI SEP-7 AH |
| | ess in Florida, enter the n | iame of the | φ Ο |
| w registered office address: | | , m | |
| Woodstock Law Firm P.A. | | | GD |
| 8010 North University Dr | 2nd Floor | | |
| (Florida stree | et address) | | |
| Address: Tamarac , Florida 33321 | | | |
| | City) | (Zip Code) | |
| ered agent. I am familiar w | | | |
| | (Document Number of 1006, Florida Statutes, this Fame of the corporation: If the word "corporation," "co Corp," "Inc." or "Co". A or the abbreviation "P.A." If applicable: TREET ADDRESS icable: OFFICE BON Mod/or registered office address: Woodstock Law Firm P.A. 8010 North University Dr (Florida street agent: tered agent. I am familiar with the street agent. | (Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation amc of the corporation: The word "corporation," "company," or "incorporate Corp," "Inc," or "Co". A professional corporation or the abbreviation "P.A." if applicable: TREET ADDRESS) icable: OFFICE BOX) icable: Woodstock Law Firm P.A. 8010 North University Dr 2nd Floor (Florida street address) Tamarae (City) thanging Registered Agent: were agent. I am familiar with and accept the obligation of the company of the collegation of | ame of the corporation: The the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc." or "Co". A professional corporation name must contain the or the abbreviation "P.A." if applicable: TREET ADDRESS) icable: OFFICE BOX) icable: Woodstock Law Firm P.A. 8010 North University Dr 2nd Floor (Florida street address) Tamarac (City) Florida (Zip Code) |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

| 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> | <u>Name</u> | Address |
| 1) Change | P | Naomi Swisa | 210 SW 15th St. STE 1 |
| Add | | | Fort Lauderdale, FL 33315 |
| X Remove | | | |
| 2) Change | P | Esther Evans-Bowe | 210 SW 15th St. STE 1 |
| X Add | | | Fort Lauderdale, FL 33315 |
| Remove Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change (Be specific) | | | | |
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| an amendment provides for an exch | anna radaccifica | tion or concellat | ion of iccured cl | naros | |
| | ndment if not con | tained in the am | endment itself: | 141 (| |
| provisions for implementing the ame | manicat a not con- | | | - | |
| provisions for implementing the ame (if not applicable, indicate N/A) | nament ii not con | tante and and | | | |
| provisions for implementing the ame | <u>Mainem ii not con</u> | vancu m vac u <u>m</u> | | | |
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| The date of each amendment(s) ac | option: | , if other than the |
|--|--|--|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file d | ate) |
| Sote: If the date inserted in this b ocument's effective date on the De | ock does not meet the applicable statutory filing requiren partment of State's records. | nents, this date will not be listed as the |
| doption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors without sha | reholder action and shareholder |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes east for the fficient for approval. | amendment(s) |
| must be separately provided for | roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amendation the amendation the amendment(s) was/were sufficient for approval | owing statement ment(s): |
| the directors | ." | |
| | (voting group) | |
| 08/26/2021 Dated | | |
| Signature | ASO | |
| (By a di selected | rector, president or other officer – if directors or officers ha , by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary) | |
| | Asi Cabessa | |
| | (Typed or printed name of person signing) | |
| | GMR | |
| | (Title of person signing) | |