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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAN CACAN SA	ALES CORP			
DOCUMENT NUM	BER: P20000053880				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	RAFAEL A. CABRICES				
	Name of Contact Person				
	SAN CACAN SALES COR	tP			
		Firm/ Company			
	6755 NW 103 AVE				
		Address			
	MIAMI, FL. 33178				
		City/ State and Zip Cod	e		
	MAGGALLES@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
The first information	on concerning this matter, play	ea calle			
For further information	on concerning this matter, plea	se can.			
RAFAEL A. CABRICES		786	469-9501		
Name	of Contact Person	at (786) 469-9501 Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P20000053880 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the follits Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must c "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Auricles of Incorporation: A. If amending name, enter the new name of the corporation: a. If amending name, enter the new name of the corporation: a. If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevinc," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must of chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)	
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Principal office address MUST BE A STREET ADDRESS) ——————————————————————————————————	rviation "Corp.," contain the word
	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	·
. Enter new mailing address, if applicable:	<u>.,,</u>
(Mailing address MAY BE A POST OFFICE BOX)	
<u></u>	
. 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 RAFAEL A. CABRICES	
1880 NE 29TH AVE, #622	
(Florida street address)	
New Registered Office Address: MIAMI , Florida 331	180
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posi-	tion.
/h) MM	
Signature of New Registered Agent, if changing	
Signature of New Registered Agent, if changing	
heck 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	VP	CARLOS A. DE FILIPPIS	6755 NW 103 AVE,
Add			MIAMI, FL. 33178
Remove)* 2) Change	VP	CECILIA FATIMA PESTANA	9817 SW 138TH AVE
X Add #			MIAMI, FL. 33186
Remove Change		-	
Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			·
Add			
Remove			

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The district real amondment	09/01/2021 (s) adoption:	, if other than th
date this document was signed	(5) adoption.	
Effective date if applicable:	09/01/2021	
Enective date if applicative.	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	his block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/wer by the shareholders was/w	e adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ent(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following state d for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	Maly.	
(B se	y a director, president or other officer – if directors or officers have not be lected, by an incorporator – if in the hands of a receiver, trustee, or other epointed fiduciary by that fiduciary)	en ourt
	RAFAEL A. CABRICES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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