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2020 NOV 10 AN 8: 18 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CABRERA SERV	TICE GROUP INC		_
	1BER: P200000056429			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following	g:	
	PEDRO G SANTISTEBAN			
		Name of Contac	rt Person	
THE SOLTUIUON INSURANCE SERVE			iC	
		Firm/ Comp	oany	
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		Address	;	
	MIAMI, FL. 33173			
		City/ State and 2	Zip Code	· · · · · · · · · · · · · · · · · · ·
	solutioninsuranc@bellsuth.no	•1		
	E-mail address: (to be u		l renort	notification)
For further informat	on concerning this matter, plea	786		351-3026
Name	at (_) le & Davtime Telephone Number	
Enclosed is a check	for the following amount made			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing I Certified Copy (Additional copenclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
At Di P.G	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Division The Ce 2415 N	Address ment Section of Corporations ontre of Tallahassee i. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CABRERA SERVICE GROUP INC		2020.NOV_LOam_8:_1.8
(Name of Corporation as c	urrently filed with the F	lorida Dept. of State)
P20000056429		SECRETARY OF STATE
(Document No	imber of Corporation (if k	nown) TALLAHASSEE, EL
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	es, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:	
		The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional con	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered offi	ion address in Florida, or	otor the name of the
new registered agent and/or the new registered office a		iter the name of the
Name of New Registered Agent		
	 orida street address)	
New Registered Office Address:	(City)	, Florida
	K II,	(24p x (14de)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	<mark>Agent:</mark> miliar with and accept the	obligations of the position.
Signature of	New Registered Agent, if	changing
Check if applicable		

 \Box 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)

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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VICE-PI	RAMON HERNANDEZ TORRES	630 N BRIDA ST., CLEWISTON,
X Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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<u>It an a</u> men	dment provides for a s for implementing th	<u>in exchange, reclas</u> ne amendment if n	sification, or cal of contained in t	<u>rcellation of issued</u> he amendment itsa	<u>l shares.</u> elf:	
provision:		WA)				
provision:	t applicable, indicate N					
provision:	гаррисате, такае г					
provision:	appucarie, maicaie s					_
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provision:	appucarie, maicaie :					
provision:	appucame, maicaie :					

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•	11/07/2020
The date of each amendment(s) a	doption:, if other than the
date this document was signed.	77/2020
Effective date <u>if</u> applicable:	07/2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were ad- by the shareholders was/were si	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)
11/07/2020 Dated	· ////
Signature	//www
selecte	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)
.,	WILFREDO LLERANDI CABRERA
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)