P21000059257

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A. Butler 9/15/21

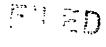
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Caballer Manufact	uring Group	
DOCUMENT NUM	BER: P21000059257	***************************************	
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Vicente Caballer Agost		
		Name of Contact Person	1
	Caballer Manufacturing Grou	ıp	
		Firm/ Company	
	545 Channelside Dr. Apt. 709	• •	
		Address	
	Tampa, FL. 33602		
		City/ State and Zip Code	2
	vincent@caballermg.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Vicente Caballer Age	ost	646 at (
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
An Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 SEP -1 PH 6: 1.8

Cabaner Manufacturing Group				rn 6:48
(Name of Corporation	n as currently	filed with the Florida De	pt. of State)	
P21000059257			2117	OF STATE
(Docume	int Number of (Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this F	lorida Profit Corporation	adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
				_The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrevi	or "Co", A			on "Corp.,"
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	Û			
				
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ess in Florida, enter the n	ame of the	
new registered agent and/or the new registered of	ince address:			
Name of New Registered Agent				_
				_
	(Florida stree	A adaress)		
New Registered Office Address:			, Florida	
	((City)	(Zip (Coder
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered agent. 1		ith and accept the obligation	ons of the position.	
Signati	ure of New Res	gistered Agent, if changing	,	-
		, 5 . 7 6. 9		
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)

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Yimeng J Zhu	545 Channelside Dr. Apt. 709
Add		•	Tampa, FL, 33602
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

vitaen <i>aaan</i>	g or adding additions tional sheets, if necess	sary). (Be specific)			
	,				
					
f an ameno	dment provides for a	n exchange, reclassi	fication, or cancell:	ation of issued share	<u>.7.</u>
<u>provisions</u> (if not	for implementing th applicable, indicate N	<u>e amendment 11 not</u> /4)	contained in the ar	nendment IIsell:	
	<u></u>	····			
					

	08/27/2021
	nent(s) adoption:, if other than the
date this document was sig	gned.
Effective date if applicat	le:
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as to on the Department of State's records.
Adoption of Amendmen	(S) (CHECK ONE)
The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without shareholder action and shareholder i.
	/were adopted by the shareholders. The number of votes cast for the amendment(s) is/were sufficient for approval.
must be separately pro	were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):
"The number of	rotes east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated_	08/27/2021
Signatu	re
-	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Vicente Caballer Agost
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)

. .

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