## P21000074976

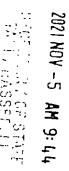
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations LA CASA DE MAMA INC NAME OF CORPORATION: P21000074976 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELLE M. CAPPAS CASTILLO Name of Contact Person LA CASA DE MAMA, INC. Firm/ Company 4820 N ARMENIA AVE Address TAMPA, FL 33603 City/ State and Zip Code lacdmama2021@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELLE M. CAPPAS CASTILLO Area Code & Davtime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LA CASA DE MAMA INC

(Name	of Corporation as currentl	y filed with the Florida Dept, of Stat	te)	
P21000074976				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amend	lment(s)
A. If amending name, enter the new n	ame of the corporation:		The i	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	lorp," "Inc," or "Co". z	A professional corporation name mu	hbreviation "Cor	p.," vord
B. Enter new principal office address,	if applicable:	-		
(Principal office address <u>MUST BE A S</u>	<u>TREET ADDRESS</u> )		202 5 5	
			AO NO	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		3415 W HILLSBOROUGH AVE	S37.1	
(maning dutiess peril be A 1 031 0111CL BOA)		APΓ 721	E S	Ď
		TAMPA, FL 33614	1	_
D. If amending the registered agent at new registered agent and/or the new Name of New Registered Agent			<u> </u>	06
	(Florida str	cet address;		
New Registered Office Address:	3415 W HILLSBOROUG	H AVE, APT 721 TAMPA, Florida	33614	
		(City)	(Zip Code)	
New Registered Agent's Signature, if call thereby accept the appointment as registered.			position.	
	Signature of New R	egistered Agent, if changing		
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant 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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	LUIS A CASTILLO GUZMAN	13281 CORBEL CIRCLE NO 202
Add _X Remove			FORT MYERS FL 33907
Z) X Change	P	MICHELLE M CAPPAS CATILLO	3415 W HILLSBOROUGH AVE
Add			ΑΡΓ 721
Remove 3) Change			TAMPA, FL 33614
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
The amended address of the corporation is: 3415 W HILLSBOROUGH AVE APT 721
TAMPA, FL 33614
Removal of an initial officer:
Title: P Luís A, Castillo Guzman Address: 13281 CORBEL CIRCLE NO 2027
FORT MYERS, FL 33907
Change of an initial officer title:
Title: P. Michelle M. Cappas Castillo Adress: 3415 W HILLSBOROUGH AVE APT 721
TAMPA, FL 33614
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A

NOVEMBER 1, 2021 The date of each amendment(s) adoption: , if other than the date this document was signed. NOVEMBER 1, 2021 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided for 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 (voting group) NOVEMBER 1, 2021 Dated Signature (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) MICHELLE M. CAPPAS CASTILLO (Typed or printed name of person signing) PRESIDENT (Title of person signing)