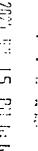
(Requestor's Name)
(Address)
(Address)
(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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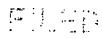


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CAIE CORP				
DOCUMENT NUMBER: P23000012820					
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	CARLAS T AGUADO				
		Name of Contact Person			
	CAIE CORP				
		Firm/ Company			
	3115 NW 58 ST				
		Address	.		
	MIAMI, FL 33142				
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	BEATRIZ@BC-ACCOUNTI	NG.ORG			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	786	445-1912		
Name	of Contact Person	at (at Coc) le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of



	200, 10, 15, 20, 15, 19
(Name of Corporation as c	currently filed with the Florida Dept. of State) 1. 49
	` <u>-</u>
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	ation:
	The
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association." or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word in "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </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 off	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
(FI	lorida street address)
N. D 10m	
New Registered Office Address:	(City) (Zip Code)
	(ap and
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
Sionature o	of New Registered Agent, if changing
	y
Check if applicable	20/11/6/ 8.6
☐ The amendment(s) is/are being filed pursuant to s. 607.01	.20 (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:	nπ	John Do		
X Change	<u>PT</u>	John <u>Do</u>		
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	EMIL I TORRES MIRANDA	2832 NW 204 ST
Add				MIAMI GARDENS, FL 33056
x Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change			·	
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	·
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

•

	07/08/2024	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	7/08/2024	
Effective date if applicable:	770872024	
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirement of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for sufficient for approval.	r the amendment(s)
	approved by the shareholders through voting groups. The or each voting group entitled to vote separately on the an	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		**
	(voting group)	
07/08/20	24	
Dated		
Signatur e	14	
(By a selec	director, president or other officer - if directors or office ted, by an incorporator - if in the hands of a receiver, trus inted fiduciary by that fiduciary)	
	CARLAS T AGUADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	