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2021 HAR 31 AM 7: 53
SECTION OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CASA BELLA TO	OY 14. INC.				
DOCUMENT NUMB						
The enclosed Articles of	of Amendment and fee are si	abmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
		ALICIA GARCIA				
-	Name of Contact Person					
	CASA BELLA TOY 14, INC					
-	Firm/ Company					
	555 NE 15th STREET SUITE 100					
-	Address					
_		MIAMI, FLORIDA 33132				
		City/ State and Zip Cod	e			
	AGa	ARCIA@PEGASOCORP.C	OM			
_	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, plea		577 7000			
<u> </u>	Contact Person	at (
Name 0	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amer Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FI ED

2021 HAR 31 AM 7: 54 CASA BELLA TOY 14, INC. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETART OF STATE P97000049007 TALLAHASSEE, FL (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	PT	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>	<u>Addres</u> s		
1) X Change	P	Francisco M Martinez-Miyashiki	555 NE 15th Street Suite 100		
Add		-	Miami, Fl 33132		
Remove					
2) X Change	D	Francisco Martinez-Celeiro	555 NE 15th Street Suite 100		
Add			Miami, FI 33132		
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add			-		
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Re specific)
N/A	(o mprocycl)
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F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	-
-	

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	03/22/2021		
The date of each amendment(s) addate this document was signed.	option:	, if other	r than the
Effective date if applicable:			
 -	(no more than 9t	0 days after amendment file date)	_
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applic partment of State's records.	rable statutory filing requirements, this date will not be lis	ted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adoption was not required.	oted by the incorporators, or b	poard of directors without shareholder action and sharehold	ег
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The ficient for approval.	number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approvided for a	oved by the shareholders thro ach voting group entitled to v	ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/wer	re sufficient for approval	
by		.	
	(voting group)	 ,	
03/22/2021 Dated Signature			
selected.	ector, president of other office by an incorporator – if in the d fiduciary by that fiduciary)	er – if directors or officers have not been hands of a receiver, trustee, or other court	
J .	ranicisco M Martinez-Miyasl	hiki	
_	(Typed or printed n	ame of person signing)	
P	resident		
_	(Title of person sign	ning)	