P11000051967

(Re	equestor's Name)	
(Ac	ddress)	. , ,
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone	#)
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(Ві	usiness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Sect Division of Corp			
NAME OF CORPO	RATION: CA3M INC		
	BER: P1100005796	7	
	of Amendment and fee are su		
Please return all corre	spondence concerning this mat	ter to the following:	
	DANILO SANTAN	NA	
		Name of Contact Person	1
	USTAX CONSUL	*****	
	5401 S KIRKMAN	Firm/Company JRD SHITE 105	5
		Address	<u>, </u>
	ORLANDO FL, 32	2819	
		City/ State and Zip Code	
INF	O@USTAXCONS		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
DANILO SAN	NTANA	at (407	, 674-8969
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	ertment 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)
Amo Div P.O	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles	of
CA3M INC	-
(Name of Corporation as currently filed with	the Florida Dept. of State)
P11000057967	
(Document Number of Corporat	tion (if known)
ursuant to the provisions of section 607.1006, Florida Statutes s Articles of Incorporation:	s, this Florida Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporation	on:
XXXXX N/A XXXXX	
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	or "Co". A professional corporation name mus
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	XXXXX N/A XXXXX
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	XXXXX N/A XXXXX
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent XXXXX N/A	ldress:
(Flor	ida street address)
New Registered Office Address:	ida street address), Florida(City) (Zip Code)

Signature of New Registered Agent, if changing

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	VP	CARLOS F MUNIZ-LOIOLA	8421 S ORANGE BLOSSOM TRAIL 140
Add Remove			ORLANDO, FL 32809
2) Change	VP	CAGB LLC	8421 S ORANGE BLOSSOM TRAIL 140
Add		-	ORLANDO, FL 32809
Remove			
3) L Change			
Add Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

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) (XXXX N/A XXXXX	(Attach additional	sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	XXXX N/A XX	XXX
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(if not applicable, indicate N/A)	If an amendmen	provides for an exchange, reclassification, or cancellation of issued shares,
	(if not appli	nplementing the amendment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
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	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated JULY 31 2014 Signature	
(By a director, president or/other officer f 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	_
CARLOS F MUNIZACIOLA	
(Typed or printed name of person signing)	_
VP	
(Title of person signing)	