## Pi1000022565

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF COR	PORATION:	SOLOBEANS INC	
DOCUMENT NU	JMBER:	P11000022565	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		ASNAY JIMENEZ	
	1	Name of Contact Person	
		SOLOBEANS INC	
Firm/ Company  7450 NW 74TH AVE			
MEDLEY, FL 33166			
	C	City/ State and Zip Code	
_	E-mail address: (to be use	ed for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
ASNAY JIMENEZ		at ( 786 ) 5  Area Code & Daytime Te	87-8232
Name	e of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment 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)
Mailing Address  Amendment Section  Division of Corporations		Street Address Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SOLOE	BEANS,INC.		
(Name of Corporation as current	tly filed with the Florid	la Dept. of State)	
P1100	00022565		
<del>-</del>	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Iorida Profit Corporation	adopts the following
A. If amending name, enter the new name of the	he corporation:		
JUSTE	BEANS INC		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp," "In	c," or "Co". A profession	
B. Enter new principal office address, if applic	able:		
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )		ACC TO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	-		AY 24 AM 9: 55
D. If amending the registered agent and/or reg new registered agent and/or the new registe		in Florida, enter the name	of the
Name of New Registered Agent:	ted office address.		
New Registered Office Address:	(Florida street	address)	
		, Florida	
<del></del>	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age  Sign			f the position.

The date of each amendment	t(s) adoption:05/19/2011
Effective date <u>if applicable</u> :	05/19/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	05/19/2011
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	ASNAY JIMENEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)