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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

HAVANA BLUE CONTRACTION:	UBAN CUISINE CORP	
DOCUMENT NUMBER: P18000047136		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
YANET CASANOVA		
Maria	Name of Contact Person	
	Firm/ Company	
1,2355 V	Anderbilt Beach RD STE 200	
Naple	FL 34109 City/ State and Zip Code	
	City/ State and Zip Ćođe	
ACOSTA RITEV	1829cc Cogmail com o be used for future admual report notification)	
E-mail address: (to	o be used for future admual report notification)	
For further information concerning this matter, please	cali:	
Janet Pasaniva	at (239) 404 8039 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Englosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation	. Tame		
of			
HAVANA Blue CUISINE CORD	A come have med		
	DEB -		
, , , , , , , , , , , , , , , , , , , ,	DEC -3 P & 59		
(Document Number of Corporation (if known)	•		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>corporation</i> adopts the following amendment(Incorporation:	s) to its Articles of		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	bbreviation contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Nafiles FC 34109	ech ND 576200		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Narles TL 3410	- ch (L1) STE 200 9		
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	-		
(Flouida etra et address)			
(Florida street address)			
New Registered Office Address:, Florida	_		
(City) (Zip Code)			

Signature of New Registered Agent, if changing

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.

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 $\underline{\mathbf{v}}$ Mike Jones <u>SV</u> Sally Smith X AddAddress Type of Action <u>Title</u> Name (Check One) 3120 SAFE HARBOR DR NAPLES FL 3417 Enlis CHERCOLES 1) ____ Change ____ Add X Remove Change ____ Add _ Remove 3) ____ Change ___ Add Remove 4) ____ Change ___ Add Remove) ____ Change

____ Add

___ Remove

__ Change

Remove

Add

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 11/28/18	
Signature (By a disposor directions 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
, ₍₎	
President	
(Title of person signing)	_