N21000000661

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

C3 Cafe Naples, Inc. NAME OF CORPORATION:			
N21000000661			
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amendment and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Heather Simco			
(N	ame of Contact Perso	n)	
CCBS, Inc.			
	(Firm/ Company)		
7935 Airport Pulling Road, N. #4-311			
	(Address)		
Naples, FL 34109			
(C	ity/ State and Zip Coo	le)	
c3cafenaples@gmail.com			
E-mail address: (to be used fo	r future annual report	notification)
For further information concerning this matter, please cal	II:		
(Name of Contact Person)	at(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Dep	artment of S	State:
(\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

C3 Cafe Naples, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N21000000661 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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: , Florida (City) (Zip Code) 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

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change X Add	VP	Edward Anderson	3704 Cartwright Ct. Bonita Springs, FL 34134-7570
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

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an	04/01/2021	
The date of each amendment date this document was signed	(s) adoption:, if other than	the
Effective date <u>if applicable</u> :	04/01/2021	
inective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/w	ere adopted by the members and the number of votes cast for the amendment(s)	

was/were sufficient for approval.

	05/27/2021
Dated	
Signat	ire <u>Haralee Maise</u>
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Karalee Moise
	(Typed or printed name of person signing)
	Ireasurer
	(Title of person signing)