# P01000022440

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## COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

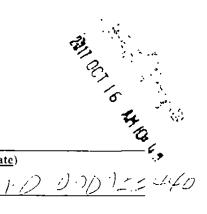
NAME OF CORPORATION: \_\_\_\_ DOCUMENT NUMBER: P01000022440 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA C PEGUERO Name of Contact Person Firm/ Company 930 SW 97 AVE Address MIAMI, FL 33174 City/ State and Zip Code used for future annual report notification) For further information concerning this matter, please call: at ( 305) 775-6009 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 🛱) \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

### Articles of Amendment Articles of Incorporation of



#### CARPE CAFETERIA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

PO100002244	0	1.12 9.70
(Docume	ent Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	orporation adopts the following amendment
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	"nc," or "Co". A professi	or "incorporated" or the abbreviation ional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Florida, e	nter the name of the
Name of New Registered Agent		
	<del>-</del>	
<del></del>	(Florida street address)	
New Registered Office Address:	(Circl	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ne obligations of the position.
Cianut	turn of None Parietared Agent	if abouting

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  Type of Action (Check One)		<u>PT</u>	John Doe	AMENDMENT IS JUST TO CORREC! THE			
		$\underline{\mathbf{V}}$	Mike Jones		SECRETARY FROM CARIDAD ARIA CARIDAD PEGUERO		
		<u>sv</u>	Sally Smith	WHICH IS THE	SAME PERSON.		
		Title	<u>Name</u>		<u>Addres</u> s		
1)	Change	SEC.	MARIA C	PEGUERO	930 SW 97 AVE		
X	Add				MIAMI. FL 33174		
	Remove						
2)	Change		CARIDAD	PEGUERO			
	Add						
<u>X</u>	Remove						
3)	Change		_				
	Add						
	Remove						
4)	Change						
	Add						
	Remove						
5)	_ Change						
	Add						
	Remove				<del></del>		
6) <u> </u>	_ Change						
	Add				<del></del> -		
	Remove						

f 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)  N/A	Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)			
f 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)					
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N/A	(if not applicable, indicate N/A)				
N/A					
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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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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)	
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	
Signature Maria Bandal Process  (By a director, president or other officer - 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)	
MARIA CARI JAD POGUEFO (Typed or printed name of person signing)	
SECRETARY (Title of person signing)	
(Title of person signing)	