## 

(Requestor's Name)  (Address)		
(Address)	800030381658	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	03/16/0401030001 **35.00	
(Document Number)		
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	AUTHORIZATION BY PHONE TO CORRECT DO LE COLLEGE STANDARD	
Office Use Only	Amend See P.	

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations SUBJECT: Tropical Smoothie West, Inc. DOCUMENT NUMBER: P01000071401 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jason Meizinger (Name of Person) Tropical Smoothie Cafe (Name of Firm/ Company) 2338 SE Marius Street (Address) Port Saint Lucie, Florida 34952 (City/ State/ and Zip Code) For further information concerning this matter, please call: Rick Weaver at ( 772 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: 2 \$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)

Street Address

Amendment Section

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

## FILED 04 MAR 1 I PM I2: 03

Articles of Amendment to Articles of Incorporation of GECRETARY OF STATE FALLAHASSEE, FLORIDA

Tropical Smoothie West, Inc	
(Name of corporation as currently filed with the Florida Dept. of State)	
P01000071401	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing):	
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
Article VI	
The business of this corporation shall be conducted by a Board of Directors which shall consist of Two(2)	
Directors. The number of Directors may be increased from time to time in accordance with By-Laws	
adopted by the shareholders. The name and address of the Board of Directors is: Santina Meizinger,	
President, 5616 Buchanan Drive, Fort Pierce, Florida 34982; Jason Meizinger, Vice-President 2338	
SE Marius Street, Port Saint Lucie, Florida 34952.	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N	
N/A	

(continued)

The date of each amendment(s) adoption: 2/1/03		
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were approved 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.		
Signed this 13 day of Februar, 2004.	***	
Signature Signature Officer of the African Law and Law	· • •	
(By a director, president or other officer - indirectors 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)		
Santina Meizinger  (Typed or printed name of person signing)	"	
President (Title of person signing)	e off statement of	
(True of berson signing)		

FILING FEE: \$35