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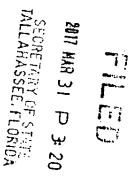
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(Address)					
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(City/State/Zip/Phone #)					
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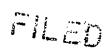
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MichA	ELS GOUR	MET COFFEE INC
DOCUMENT NUMBER:		073175	
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
20	ao w	ES+ mc	PETTA TOFFEE NAB ROAD DAK FL 33309
,		•	Hoo.com notification)
For further information concerning	g this matter, pleas	e call:	
Name of Contact Enclosed is a check for the follow			de & Daytime Telephone Number
	.75 Filing Fee & ifficate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre	ess	Street	<u>Address</u>

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of



MICHAELS GOURMET COFFEE TOMAN (Name of Corporation as currently filed with the Florida Dept. of State) P 3: 20			
(Name of Corporation as currently filed with the Florida Dept. of State) 120			
PO 1000 73 175 SECRETARY OF STATE			
(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) its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
<i>Th.</i>			
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."			
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.

Mike Jones, V as Remove Example:	r, and Sal	ly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>T_</u>	JOHN HODGSON	5535 N MilitAr
✓ Add			TRAIL APT 18/6
Remove			BOCA RATON FL
2) Change			33496
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sh	rets, if necessary). (Be specific)	
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		•
-		-
 		
Ean amondment n	ovides for an exchange, reclassification, or cancellation of issued sha	•••
	ementing the amendment if not contained in the amendment itself:	105,
	le, indicate N/A)	
nichas	L MISTRETTA 33.33	
OSEPH	MISTREHA 33.33 HODGSON 33.33	<u> </u>
Tahal	HODOSAN 33,33	
0110	1102 9 810 00 100	

The date of each amendment(s) add	option: 3-2	8-17	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	/ d ()) days after amendment file datc	
	то тоге тап 90	raays after amenament fite date	,
Note: If the date inserted in this blodocument's effective date on the Dep		able statutory filing requiremen	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suff		number of votes cast for the am	endment(s)
☐ The amendment(s) was/were appr must be separately provided for e			
	or the amendment(s) was/wer-	• •	
by	(voting group)	······································	
	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors	without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted action was not required.	ted by the incorporators with	out shareholder action and share	holder
Dated	3-28-17		
Signature M	3-28-17 ichal Me	shella	
(B y 'a dir selected.	ector, president or other offic by an incorporator – if in the	er – if directors or officers have chands of a receiver, trustee, or	
appointe	d fiduciary by that fiduciary)		
<u>-</u>	MICHAE	LMISTRE name of person signing)	1+2)
	(Typed or printed i	name of person signing)	
_	PRESI	DENT	
_	(Title c	of person signing)	