P0200096513

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COVER LETTER

Division of Corporations NAME OF CORPORATION: LE BON CAFE, INC DOCUMENT NUMBER: P02000096513 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAZARO P FUENTES Name of Contact Person Firm/ Company 1533 LARAMIE CIRCLE Address VIERA/FLORIDA 32940 City/ State and Zip Code lazaro 3940@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAZARO P FUENTES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$43.75** Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

TO: Amendment Section

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

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

LE BON CAFE, INC				
· · · · · · · · · · · · · · · · · · ·	s currently filed with the Flori	da Dept. of State)		
P02000096513				
(Document	nt Number of Corporation (if kn	own)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Flo	rida Profit Corporation	on adopts the following	s amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional co	corporated" or the ab rporation name must c	breviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if application (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the	name of the	
Name of New Registered Agent	LAZARO P FUEN	TES		
	1533 LARAMIE C	IRCLE		
	(Florida street d	address)		
New Registered Office Address:	VIERA	, Flc	orida_32940	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with CULCA gnature of New Registered Age		ations of the position.	
· 美国全国			AH AF	٠,

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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	D	YASMIN C JARMAN	5613 LOBLOLLY PLACE GRANT, FL 32946
2) Change × Add Remove	P	LUISA D FUENTES	1533 LARAMIE CIRCLE VIERA, FL 32940
3) Change X Add Remove	v	ROBERT A FUENTES	3000 TURTLE MOUND ROAD MELBOURNE, FL 32934
4) Change	Ţ	ALBERYURI MARTINEZ	2609 SARNO ROAD MELBOURNE, FL 32935
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additions (attach additional sheets, if necess	
Effective March 29, 20	012 remove from Article VI Directors:
Director Yasmin Jarma	an 802 E New Haven Ave. Melbourne Fl 32901
Replacing Director Ya	ismin Jarman are:
Luisa D. Fuentes	1533 Laramie Circle, Viera Fl 32940
President	•
Robert A. Fuentes	3000 Turtle Mound Rd., Melbourne Fl 32934
Vice-President	
Alberyuri Martinez	2609 Sarno Rd., Melbourne Fl 32935
Treasurer	
	exchange, reclassification, or cancellation of issued shares. e amendment if not contained in the amendment itself: (A)

The date of each amendment(s) a	doption: 04/01/2002
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 50 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 04/01/	2002
selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	LUISA D FUENTES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)