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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Original Cafetin, Corp.			
DOCUMENT NUMBER: PO	3000047376		
The enclosed Articles of Amen	dment and fee are sub	nitted for filing.	
Please return all correspondence	e concerning this matte	er to the following:	
Lilia Ma	yneth Molina		
 		Name of Contact Persor	1
The Orig	The Original Cafetin, Corp.		
		Firm/ Company	
6934 Co	ollins Avenue		
		Address	
Miami E	Beach, Florida 33141		
		City/ State and Zip Code	
fifisseafood@g	omail com		
	=	d for future annual report	notification)
	(15 57 550	- 101 1 11 11 11 11 11 11 11 11 11 11 11 11 	,
For further information concerning this matter, please call:			
Lilia Mayneth Molina		at (865-5665
Name of Contac	et Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment 9 Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



The Original Cafetin, Corp.

(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)
P03000047376		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A
		N/A
		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		N/A
		N/A
D. If amending the registered agent an new registered agent and/or the new		
new registered agent and/or the ne-	N/A	<u>33.</u>
Name of New Registered Agent		
	N/A	
	N/A	street address) N/A
New Registered Office Address:	N/A	(City) , Florida (Zip Code)
		(Chy)
New Registered Agent's Signature, if c	hanging Registered Age	nt:
I hereby accept the appointment as regist	ered agent. I am familia	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	<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	Address
1) Change	PVST	Lilia Mayneth Molina	6934 Collins Avenue
Add X Remove			Miami Beach, Florida 33141
2) Change	PVST	Magui Vanessa Molina Briceño	6934 Collins Avenue
X Add			Miami Beach, Florida 33141
Remove 3) Change	N/A	N/A	
Add			
4) Change	N/A	N/A	_ · · · · · · · · · · · · · · · · · · ·
Add			
5) Change	N/A	N/A	
Add			
Remove			
6) Change	N/A	N/A	
Add			
Remove			

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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) A	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.	2015	
Effective date if applicable: May 8,	2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements tract of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the ame ient for approval.	ndment(s)
	red by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendmen	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by N/A	,"	
•	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareh	old er
May 8, 2015 Dated	Ward	
	tor, president or other officers if directors or officers have r	
	y an incorporator – if in the hands of a receiver, trustee, or o fiduciary by that fiduciary)	ther court
Lii	ia Mayneth Molina	
	(Typed or printed name of person signing)	
Sh	areholder	
	(Title of person signing)	