# P0400110007

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### **COVER LETTER**

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Division of Corporations					
NAME OF CORPORATION: R'100 SANDW'CH LAFE, INC.  DOCUMENT NUMBER: POL/000 11000 7					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person  A: CO SANDWICH CAFE, JNC.  Firm/ Company  1440 J. F. KENEDY CSWY # 1402  Address  NORTH BAY VILLAGE FL-33141  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
LELIS DE ALMEIDA at (786) 985-0766  Name of Contact Person at (786) Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					

TO: Amendment Section

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

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

## **Articles of Amendment** to Articles of Incorporation Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) 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.

Example: 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)  1) Change Add Remove	Title	Name Address  ROSANA B. NOYA 1440 S.F. KENNEDY CSWY # 1402 North Bay Village FC-3314.
2) Change Add Remove		
3 ) Change Add Remove		
4) Change Add Remove	*	
5) Change Add Remove		
6) Change Add Remove		

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
I AM LELIS PORTE DE ALMEIDA AUTORIZING	
TO ADD RESAUA B. NOYA, MY WIFE AND PARTNER, AS A PRESIDENT, TOO. WHAT I REALLY NEED ARE HER NAME AND MINE	
(BOTH) AT CENTIFICATE OF STATUS. THANK YO	U
<b>,</b>	
F. If 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	

The date of each amendment(s) adoption: 04/28/2017 date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	l 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	
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_04/28/2017	
Signature(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)	
(Typed or printed name of person signing)	4
(Title of person signing)	<del></del>