Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000238804 3)))



H200002388043ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN TIPICO CENTROAMERICANO CAFE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JUL 2 4 2020

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

ţ

Articles of Amendment to Articles of Incorporation

TIP	ICO CENTROAMERI	ICANO CAFE, CORP.				
(Name o	f Corporation as cur	rently filed with the Fig	rida Dent. of State			
	POS	090044755	THE POPE OF STATE			
	(Document Numb	er of Corporation (if kn	own)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes,	this <i>Florida Profit Corp</i>	oration adopts the fe	llowing am	endmen	t(s) to
A. If amending paque, enter the new na	me of the corporation	<u>,</u>				
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	the word "corporation orp," "Inc." or "Co" or the abbreviation "F	," "company," or "incompany," or professional corp	rporated" or the airbi oration name must	The reviation "C contain the	new orp.," word	
B. Enter new principal office address, i (Principal office address MUST BE A ST	f annileables	N/A			-	
) .	————————————————————————————————————			~	
				•	<u>1</u> 520	
C. Enter new malling address, if applied		· 			-	1 10 13
(Mailing address MAY BE A POST O	<u>PFICE BOX)</u>	N/A			\sim	(The same
				- <u> </u>	_ယ	: :
				- 1,-10:	<u> </u>	, i
						£ 124
D. If amending the registered agent and new registered agent and/or the new	l/or ragistered office s registered office add	ddress in Florida, ente	r the name of the	l	47	
Name of New Registered Agent	SENIA SOLER					
_						
	(Florid.	street address)				
New Registered Office Address:			, Florida	_		
		(Clay)		(Zip Code)		
New Registered Agent's Signature, if chi	anging Registered Age	ent;				
hereby accept the appointment as register	red agent. I am familia	ar with and accept the of	bligations of the pusi	tion.		
· .	South-	- Jane				
	Signature of Nev	Registered Agent, if ch	anging			
Check if applicable		÷	~ ~			

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

__ Add _

Remove

(Attach additional slice) Please note the officerly P = President; V= Vico Executive Officer; CFO President, Treasurer, D Changes should be now	ts, if necessary) director title by the e President; T= Tre = Chief Financial director would be P	first letter of the office title; tasurer; S= Secretary; D= Director; TR= T Officer. If an officer/director holds more than TD	rustee; C = Chai man or Clerk; CEO n one title, list the first letter of each of) = Chief Tice held.
Mike Jones, V us Remov	caves the corporation to the corporation of the cor	on, Sally Smith is named the V and S. These s SV as an Add.	thould be noted at John Doe, PT as a	Change,
Example: X Change	PT John D			
X Remove	Y Mike I			
_X Add	SV Sally S			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
i)Change	p `	CARMEN L MADRID	1680 NW 36 ST	,,
Add		in the second se	MIAMI FL 33142	
XXX Remove		·		
2) Change	P	SENIA SOLER	1680 NW 36 ST	
XXX Add			MIAMI FL 33142	·
Remove				
Add				
Remove				: -
4) Change				•:
Add	· .			•
Remove				• •
5) Change	-			· · · · · · · · · · · · · · · · · · ·
Add .	· ·			
Remove				
6) Change				i .

E. Ham	ending or adding	ndditional Ar	ticles, enter e	hange(s) he	<u>re</u> :		:	
N/A	h udditional sheet	s, ij necessary).	(Be specifi	c).				
	· · · · · · · · · · · · · · · · · · ·	- :	<u> </u>	<u> </u>		: • .		
			* * * * * * * * * * * * * * * * * * * *				 -	
-			· .	 			- 	
		- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>	· ·	·		· 	
		<u> </u>		<u>· · · · · · · · · · · · · · · · · · · </u>				
		•					 :	
	· ·		<u> </u>		<u> </u>		· .	
	<u>·</u>					:		
		•			:			
		7						
			· · · · · · · · · · · · · · · · · · ·					<u></u>
		· · · · · · · · · · · · · · · · · · ·		·		:	· · · · ·	
	• •						 -	· · · · · · · · · · · · · · · · · · ·
						<u> </u>		
		 			·			
	· · · ·		<u>. </u>				,	
				:			· · · · · ·	
				 ·		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
·····					: 	<u>.</u>		
	:		• : •		•	• • • • • • • • • • • • • • • • • • • •	:	
If an a	: Mendmont provid	las fau en1						
provis	mendment provid sions for impleme	nting the ame	iange, reciassi ndment if not	Contained t	cancellation o	fissued sh:	ı <u>res</u>	
1,2	not applicable, in	dicate N/A)	NY		- TRY WHICHOIL	eur resii:		\$45. 675 TAB
?/A								
	:							
				· · · ·	1 ,		· · · ·	
	1						<u>. · ·</u>	<u> </u>
		·		<u> </u>		: .		
					• • • • • •	. :	<u> </u>	
			::		:		·	
<u></u>		- : : : : : : : : : : : : : : : : : : :				11 1,		
 -						• •		
		· · · · · · · · · · · · · · · · · · ·					 -	
			 	<u></u>			•	

The date of each amendment(s) adoption:	
date this document was signed.	if other than the
Effective date if applicable: JUNE 15, 2020	
(no more than 90 days after amena	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors vaction was not required.	vithout shareholder a ction and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	The following statement the amendment(x)
"The number of votes east for the amendment(s) was/were sufficient for app	rovaj
by	
(voting group)	<u></u> "
DatedJUNE 15, 2020	
Signature January J March	
(By a director, president or other officer - if directors or eselected, by an incorporator - if in the hands of a receive appointed fiduciary by that fiduciary)	officers have not been r, trustee, or other court
CARMEN L MADRID	
(Typed or printed name of person sign	ing)
PRESIDENT	-
(Title of person signing)	