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Division of	Corporations	•	·
NAME OF COI	RPORATION: She	114'5 Deli	and Cafe, Inc
DOCUMENT N	umber: Plood	0001768	
The enclosed Ar	ticles of Amendment and fee ar	e submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
tanan sa	Maria del Ne	Rosario Solis une of Contact Person	<u> </u>
	Shelly's D	eliand Cafe, Firm/Company	Inc_
	3399 NW 7	2 Ave, Ste #1	28_
	Miami, f	-/ 33122 ty/ State and Zip Code	
	Patroska E-mail address: (to be used	or future annual report notification)	
For further infor	mation concerning this matter, p	olease call:	
Maria I	Del Rosavio Solo ne of Contact Person	15 at (. 786) 7/2 - Area Code & Daytime Telep	5865 phone Number
Enclosed is a che	eck for the following amount ma	ade payable to the Florida Departn	nent of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendm Division P.O. Box	Address ent Section of Corporations 6327 ee, 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

SHEILY'S DELT + CAPE INC
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> 710000001768</u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followi amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 <u>MUST BE A STREET ADDRESS</u>)
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: Maria del Rosario Solis
New Registered Office Address: (Florida street address)
Mio mi, Florida 33/75 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent, had familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing
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remoyed and	title, name, an	d address of each		<u> </u>			iction being
(Attach additi	onal sheets, if n	ecessary)				. ;	
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. I ne date of each ai	mendment(s) adoption: $\frac{/8/}{\text{date of ac}}$	doption is required)	
Effective date if ap	plicable:		,
	(no more than 90 days after	amendment file date,)
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Adoption of Amen	dment(s) (CHECK ONE)		
	(s) was/were adopted by the shareholders was/were sufficient for approval.	s. The number of vo	tes cast for the amendment(s
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The amendment	(s) was/were adopted by the incorporator equired.	rs without shareholde	er action and shareholder
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