P110000945679

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	· #)
(0)	,. <u></u>	.,
PICK-UP	MAIT WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	rilling Officer.	
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SECRETARY OF STATE
ALL AHASSEE ELIOPINA

m 1-1311

COVER LETTER

TO: Amendment S Division of Co			•				
NAME OF CORP		NE APPLES CAFE, I	TWC				
DOCUMENT NU	MBER:	110000 45679					
The enclosed Artic	les of Amendment and fee a	are submitted for filing.					
Please return all co	rrespondence concerning th	is matter to the following:					
	FABIAN	GRINION					
-		lame of Contact Person					
	Pine A	PPLES CAFE, INC					
-		Firm/ Company	· · · · · · · · · · · · · · · · · · ·				
	3950 NW 34th WAY						
-	> 190	Address					
-	LAUL	LAKES, FL 33309 ity/State and Zip Code					
	GRi	NOC@ YAHOO. COM					
	E-mail address: (to be use	d for future annual report notification)					
The state of the s	tion concerning this matter,	please call:					
7 _A	DIAN GRINION	at (407) 731-3	273				
The second secon	of Contact Person	Area Code & Daytime Tel	ephone Number				
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment of State:				
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301					

Articles of Amendment

to

Articles of Incorporation of

	CAPE AND		She
(Name of Corporation as curre	,	a Dept. of State)	M//: 49
	10000 45679	7 33FF E	STATE
(Document Nun	nber of Corporation (if kno	wn)	CORIDA
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation a	dopts the following
A. If amending name, enter the new name of	f the corporation:		
N/A			The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A professiona	rated" or the
B. Enter new principal office address, if app	licable:	N/A	
(Principal office address <u>MUST BE A STREE</u>	T ADDRESS)		
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or representations of the province of the provinc	egistered office address in	n Florida, enter the name o	of the
new registered agent and/or the new regis	stered office address:	, _	
Name of New Registered Agent:	<i>N//</i>	<u>A</u>	
New Registered Office Address:	(Florida street a	uddress)	
		, Florida	
·	(City)	(Zip Code)	
New Registered Agent's Signature, if changin	g Registered Agent:	•	
I hereby accept the appointment as registered a	gent. I am familiar with a		the position.
	ignature 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)

<u>Title</u>	Name		Address		Type of Action	
MA	_N/A		N/A		☐ Add ☐ Remove	
					☐ Add ☐ Remove	
retaritation di traditioni i					☐ Add ☐ Remove	
	ling or adding additional Iditional sheets, if necessa					
Ad	lding a autid	le to sh	or Der	centage		
	ding a auticle of shares be	tween ox	sting of	ticers	to be	
)		
	7-1: C.	• •	Procident	Director	- 85%	Y
	as follows: Fabian Em Natchia La	insence	Sec/Treas	Direct	n- 15%	,
provisio (if no	nendment provides for a possible for a possible for a possible of applicable, indicate N/A	amendment if not	contained in the	amendment it	self:	
<	thanks shall in total	l be cha	nged fro	m 50	to 1000 S,	haves
	in total		* *	· · · · · · · · · · · · · · · · · · ·		
	TITLE	NAME	ADI	ORESS	SHARE ?	!
	President See/Trans	FABIN G	RINION 39	50 NW 34	Meun 8	5%
	See/Trass	NATASHA L	AWRING 39	SONW 39	1447pu /	5%
			L	und Labes,	FL 33369	

The date of each amendment(s	s) adoption:	3-20-11
Tion 41 1 4 10 11 11	(date of ado	otion is required)
Effective date if applicable:	(no more than 90 days after an	nendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. e sufficient for approval.	The number of votes cast for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/w	vere sufficient for approval
by		**
	voting group)	•
The amendment(s) was/were action was not required.	adopted by the board of direct	ors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators v	vithout shareholder action and shareholder
DatedA	UGUST 20, 201	
Signature>	LAND SCIN	16
		icer – if directors or officers have not been ne hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary	
	PABIAN	GRINION
	(Typed or printed n	ame of person signing)
	F .	ident / Direton
•	(Title of person signing)