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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: COFFEE ENTERPRISES, INC.  Name of Corporation  DOCUMENT NUMBER: P11000074883
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS P. MURPHY  Name of Contact Person  T. P. MURPHY'S LAW P.A.  Firm/Company
555 N. E. 34 STREET, 603 Address
MIAMI FL 33137  City/State and Zip Code  TPM LAWYER Q HUMAN LOW  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person   at (555) 478 5817  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35,00 Filing Fee \$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)

Mailing Address: Amendment Section

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2017

THOMAS P MURPHY 555 N.E. 34 ST #603 MIAMI, FL 33137

SUBJECT: COFFEE ENTERPRISES, INC.

Ref. Number: P11000074893

We have received your document for COFFEE ENTERPRISES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Florida Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 317A00020066

Rebekah White Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: COFFEE ENTERPRISES, INC	
DOCUMENT NUMBER: 7/10000 74893	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
THOMAS P. MURPHY	
Name of Contact Person	
555 NE 34 STREET, SWITE 603	
Midmi, FL 33(37) City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
THOMAS P. MUXPHY at 305, 978-5817	_
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Scrifficate of Status Certificate of Status (Additional copy is enclosed)  S52.50 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)	

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

ALL KHAZZEL EL STAFE VALUE PROSECULATIONS

## FILED 17 OCT 23 PH 1: 27 SECRETARY OF SPRINGER THELAHASSEE FROMBIA

Articles of Amendment to

to
Articles of Incorporation

CAFFEE ENTERPK (Name of Corporation as currently P11 1000 14 893	(5E5		Dikligia
(Name of Corporation as currently	y filed with the Florida D	ept. of State)	
P1100014893			
(Document Number of	Corporation (if known)	Ì	
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation	r adopts the following as	nendment(s)
If amending name, enter the new name of the corporation:  WEIZME Logisti	"55 VNC	<b>&gt;</b>	ne new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or " ord "chartered," "professional association," or the abbreviation "	n," "company," or "inco Co". A professional corp P.A."	rporated" or the abbr oration name must con	eviation tain the
Enter new principal office address, if applicable:	SAME	<del></del>	
Principal office address MUST BE A STREET ADDRESS )			
		1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME		
. If amending the registered agent and/or registered office addi	ress in Florida, enter the	name of the	
new registered agent and/or the new registered office address	<u>s:</u>	1	
Name of New Registered Agent		1	
		· · · · · · · · · · · · · · · · · · ·	l l
New Registered Office Address:	reet address)	, Florida	
•	(City)	' (Zip Coo	te)
Tew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar to	: with and accept the obligat	tions of the position.	
Ne A	Registered Agent, if changi	ny.	

ddress of each Officer Attach additional sheets Please note the officer/d. P = President; V = Vice Executive Officer; CFO field. President, Treasur, Changes should be noted to change, Mike Jones le	and/or I  i, if neces, irector tit Presiden  = Chief er, Direct d in the fo	sary) le by the first letter of the office title. 1; T= Treasurer; S= Secretary; D= Director; Financial Officer. If an officer/director holds	TR= Trustee; C = Chairman or Clerk; CEC is more than one title, list the first letter of ec I as the PST and Mike Jones is listed as the V	ich office There is
X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action Check (One)	<u>Title</u>	<u>Nume</u>	<u>Addres</u> s	
1) Change				 
Add				<u> </u>
Remove				<u> </u>   
2) Change				-
Add				-
Remove				-
3 ) Change				-
Add			<u></u>	-
Remove				-
4) Change				-
Add				-
Remove				-
5) Change				_ }
Add				_
Remove				_
			1	
6) Change				-
Add				- }

\_\_ Remove

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or c	ancellation of issued shares,	
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:	
N/A		
	<u> </u>	
	I	
		_

Effective date if applicable:	ı İ
(no more than 90 days after amendment file date)	<del>-</del>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated10/16/2017	
They Willer	
Signature  (By a director, president or other officer – It directors or officers have not be selected, by an incorporator – it in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary	court
THOMAS P. MURPHY (Typed or printed name of person sighing)	
PRESCOENT	

the

the

(Title of person signing)