## P120000031440

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DIVISION OF CORPORATION OF THE PROPERTY OF THE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	AROMAS	CAFE, CORP.	
DOCUMENT NUMBER:	P1200	00003746	
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
	RAUL M	IICHEL GONZA	LEZ
		Name of Contact Persor	
	AROI	MAS CAFE COF	RP
		Firm/ Company	
	10759	SW 56TH. STR	EET
		Address	
	MIA	MI, FL 33165	
		City/ State and Zip Code	
E-ma For further information concernir			notification)
RAUL MICHEL GO	NZALEZ	at (305	333-2299
Name of Contact	Person		de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
• •	3.75 Filing Fee & tificate 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)
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rction rporations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation



## AROMAS CAFE, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) P12000003746

ment(s) to

	1 120000007	<del></del>	
(Document	Number of Corporation	on (if known)	<del></del>
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, 1	this <i>Florida Profit Corporatio</i>	n adopts the following amendme
A. If amending name, enter the new nam	ie of the corporation	<u>i</u>	The new
name must be distinguishable and conta. "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp." "Inc," o	or "Co". A professional cor	corporated" or the abbreviation
B. Enter new principal office address, if		N/A	
(Principal office address <u>MUST BE A STI</u>	<u>(EET ADDKESS</u> )		
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of	able: FFICE BOX)	N/A	
D. If amending the registered agent and new registered agent and/or the new			name of the
Name of New Registered Agent	RAUL MICH	HEL GONZALEZ	
	10759 SW 5	6TH. STREET	
_	(Floria	la street address)	
New Registered Office Address: _	MIAMI	, Flo	<sub>orida</sub> 33165
	(1	City)	(Zip Code)
New Registered Agent's Signature, if cha	anging Registered A	gent:	
I hereby accept the appointment as register	red agent 1 dm famil	liar with find at fept the oblige	ations of the position.
Sign	nature of New Registe.	red 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> </u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PVTS	RAUL MICHEL GONZALEZ	10759 SW 66TH. STREET MIAMI, FL 33165
2) Change Add X_ Remove	PO	LUISA A. VEGA	10759 SW 56TH. STREET MIAMI, FL 33165
3 ) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter cha ( attach additional sheets, if necessary). (Be specific)	nge(s) here:
N/A	
F. If an amendment provides for an exchange, reclassif provisions for implementing the amendment if not (if not applicable, indicate N/A)  N/A	ication, or cancellation of issued shares, contained in the amendment itself:
•	
	•

The date of each amendment(s) a	doption:06/15/2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voting group)
_	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated06/1	5/2012
Signature (By a d selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	LUISA A. VEGA
	(Typed or printed name of person signing)
	PRESIDENT-DIRECTOR
	(Title of person signing)