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(Re	equestor's Name)			
(Ac	ldress)			
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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATIO	N: BRAVO	(ithis (CONPARY	
DOCUMENT NUMBER: _				
The enclosed Articles of Ame				
Please return all corresponder	nce concerning this matt	er to the following:		
		RUTH RE	LHIMEDO	
		Name of Contact	Person	
		Firm/ Compa	any	
	10259	UIMPE VIC	1 Dilik	
		Address		
	į	APIES E		
		City/ State and Z	ip Code	
	KV 0-11	1.400 - 20	concess. Let	
E	MU REIN	d for future annual	report notification)	
For further information conce	erning this matter, please	call:		
RUTH	REIMIARDE	at (2	rea Code & Daytime Telephone Number	
Name of Cont	act Person	A	rea Code & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made p	ayable to the Florid	a Department of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional copy enclosed)	Certificate of Status	
Mailing A			Street Address Amendment Section	
Amendment Section Division of Corporations		Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

FILED

BRAVO COFFEE	COMPARY	
(Name of Corporation as currently	filed with the Floging Derm of State)	t: 59
P120066 71	1143	~ ~ A T!
(Document Number of C	Corporation (if known) AHASSEE, F	LORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation:		
Znil Hone LATER, Co	nps24	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Ca .," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable:	4150 DILGARA	DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SKRIBEL #23395	77
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 new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	
		
(Florida stree	1 address)	
New Registered Office Address:		
	City)	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the pos	ition.
Signature of New Reg	sistered 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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
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	onal sheets, if necessa	ry). (Be specific)			
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rovisions f	ment provides for an or implementing the pplicable, indicate N/	amendment if not c	cation, or cancella ontained in the an	ition of issued shar mendment itself:	res.
				<u> </u>	
					
					·

·	2121 12.11	
The date of each amendment(s) ado date this document was signed.	ption: 2/76/7018	, if other than the
Effective date if applicable:	3/1/2018	
	3/1/2018 (no more than 90 days after amendment file de	ate)
Note: If the date inserted in this blo document's effective date on the Depa	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the a ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	ted by the board of directors without shareholder action an	d shareholder
action was not required.	ted by the incorporators without shareholder action and shareholder	areho lder
Dated7/	121/2010 Deinhardt	
Signature	Deinhardt	
(By a dire	ector, president or other officer – if directors or officers ha	
	by an incorporator - if in the hands of a receiver, trustee, of fiduciary by that fiduciary)	or other court
	RUTH REILIMATED	
_	(Typed or printed name of person signing)	
	PAQ: DAS	
_	(Title of person signing)	