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16 JUN 20 AM IO: EI

Amend

JUN 24 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL	NUEVO	JUANA CAFE	INC
DOCUMENT NUMBER: P1200			
The enclosed Articles of Amendment	and fee are sub	mitted for filing.	
Please return all correspondence conce	rning this matt	er to the following:	
LUIS JAC	ОВО		
		Name of Contact Perso	n
JACOBO	& ASSC	CIATES INC	
		Firm/ Company	
6220 W 2	1ST CO	URT	
		Address	
HIALEAH	l, FL 330	16	
·—-		City/ State and Zip Cod	e
INFO@JACC	ВОТАХ	.COM	
_		ed for future annual report	notification)
			•
For further information concerning this	matter, please	call:	
LUIS JACOBO		at (305	, 556-0044
Name of Contact Person	n		de & Daytime Telephone Number
Enclosed is a check for the following a	mount made p	ayable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 F Certificat	iling Fee & e 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 Address Amendment Section Division of Corporations P.O.: Box 6327		Ameno Divisio Clifton	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

EL NUEVO JUANA CAFE INC	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P12000081384	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
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	SECRETARY OF STATE s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	·
(Florida street	t address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent.	

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)	Title	<u>Name</u>	Address
1) Change	VP	JUANA ANGELES VARGAS	7839 NW 194 ST
Add Remove			HIALEAH, FL 33015
2) Change	PT	PABLO ALMONTE	7839 NW 194 ST
Add Remove 3) Change			HIALEAH, FL 33015
Add			
4) Change Add Remove			
5) Change			
Remove 6) Change Add Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	• ····
\	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi applicable, malcale 10/A)	
	<i>I</i>
	;
	;
	;
	;

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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)	
•	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_06/08/20	016	
Signature	The second	
	irector, 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	
appoint	ed fiduciary by that fiduciary)	
	PABLO ALMONTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	