P1200091603

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(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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C. GOLDEN
DEC 2 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PRIME COSTED SERVICE, INC. 12000091603 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID SANTAWA
Name of Contact Person PRIME Coffee SENVICE, INC
Firm/ Company
5963 SW 215TreeT
Address Santana & MB 4HBORS Coffee Co. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (957) 272 – 9000 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



December 7, 2018

DAVID SANTANA 5963 SW 21ST STREET WEST PARK, FL 33023

SUBJECT: PRIME COFFEE SERVICE, INC.

Ref. Number: P12000091603

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

You can check only one (1) type of action for each officer.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Clarena Gelden Regulatory Specialist II

18 DEC 17 PM

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Letter Number: 518A00025097



November 2, 2018

DAVID SANTANA 5963 SW 21ST STREET WEST PARK, FL 33023

SUBJECT: PRIME COFFEE SERVICE, INC.

Ref. Number: P12000091603

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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: 718A00022654

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

FILED

2018 DEC 17 PM 1: 26

PRIME COHEE SERVICE FAC
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000091603
(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s Articles of Incorporation:
If amending name, enter the new name of the corporation:
The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the cord "chartered," "professional association," or the abbreviation "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent DAVID SANTAMA
5963 SWJ15TNLGT (Florida street address)
New Registered Office Address: West Park Florida 33023
(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
whatte
Signature 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)

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Safly</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PMS	Leuis Manchena	5963 ENJISTREST West Paul, fl 33023
Add	·		west pand, fe 33063
Remove			
2) Change	Pp&.	DALLID Santana	"5963 SW ST STREET WEST PUNGER 33020
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or a	lding additional Articles	<u>, enter change(s) l</u>	<u>iere</u> :		
(Attach additional	sheets, if necessary). (B	le specific)			
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F. If an amendment	provides for an exchang	e, reclassification.	or cancellation of	issued shares,	
provisions for in	nplementing the amenda	ieni ii not contain	ea in the amenagie	<u>iit itsen:</u>	
(і) посаррію	able, indicate N/A)				
					
			· · · · · · · · · · · · · · · · · · ·		
					
					
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>. </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature The Golden	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
DAMO SANTANA	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	