## P13000051088

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	state/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

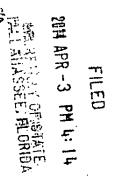
Office Use Only



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18/14 4/8/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	P13000051	088				
DOCUMENT NUME	BER: PT 239 Coffee	Santo Dominge	o, Inc			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Thomas Liscio					
	Name of Contact Person					
Firm/ Company						
	PO Box 9113					
	Address					
	Naples, FL 34101					
		City/ State and Zip Cod	C			
tlise	cio@aol.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Thomas Liscio <u>at (</u> 239 <u>)</u> 465-9847						
Name of Contact Person Area Code & Da			de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## **Articles of Amendment** to

## **Articles of Incorporation**

FILED

PT 239 COFFEE SANTO	O DOMINGO, I	NC	F'	ILED	
(Name of Corporation as	currently filed with the	e Florida Dep	t. of State)	-3 PH 4: 1	
PT 239 COFFEE SANTO	D DOMINGO, I	NC	SAHA WI !!	الماد المادين	5 5 A
(Documer	nt Number of Corporation	ı (if known)	Late Art	ASSEE, FLOW	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Pro</i>	ofit <b>Sy</b> rporation	on adopts the fol	lowing amendment(s
A. If amending name, enter the new na	me of the corporation:				
PT 239 Cafe, Inc.					The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or tion," or the abbreviation	r "Co". A pr	any," or "inc ofessional cor	corporated" or rporation name	the abbreviation must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET ADDRESS )	<del></del>			<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	OFFICE BOX)	idress in Flor	ida. enter the	name of the	
new registered agent and/or the nev					
Name of New Registered Agent	Thomas Liscio	)			
	3571 3rd Ave NW			<del></del>	
	· ·	street address)			
New Registered Office Address:	Naples		, Flo	rida 34120	
	(Ci	かり		(Zip Cod	le)
New Registered Agent's Signature, if cl I hereby accept the appointment as registed.  Signature.		ar with and acc		ations of the posi	ition.

Page 1 of 4

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>	Name	<u>Addres</u> s		
1) Change	Р	Thomas Liscio	PO BOX 9113		
Add			Naples, FL 34101		
Remove					
2) Change	Р	Peterson Paul	PO Box 9113		
Add			Naples, FL 34101		
Remove					
3) Change		_	<del></del>		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add			W		
Remove					
6) Change					
Add					
Remove					

amenuing or additional sho	ng additional Articles ets, if necessary). (I	s, enter change(: Be specific)	o) nere:		
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rovisions for impl	ovides for an exchangementing the amenda	nent if not conta	ined in the amen	dment itself:	<u>es.</u>
(if not applicab	e, indicate N/A)				
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The date of each amendment(s) adoption: 01/01/2014	, if other than
date this document was signed.	
Effective date if applicable: 01/01/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast 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 01/07/2014	
Signature  (By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fiduciary by that fiduciary)	
THOMOS A. LISCIO	
Typed or printed name of person signing)  Resident	
1 Resident	
(Title of person signing)	<del></del>