## P13000099319

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2022 FEB -3 PM 4: 02 SECRETARY DE STATE

of 2/5/2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORE	PORATION: LE CAFE HOUSE	E. INC.		
	MBER: P13000099319			
	eles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	DIEGO ARONIS			
	<del> </del>	Name of Contact Perso	n —	
	HLW SERVICES LLC			
		Firm/ Company		
	4801 S UNIVERSITY DR S	TE 204		
		Address		
	DAVIE FL 33328			
		City/ State and Zip Cod	e	
	MIAMITAXSOLUCION@C	GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	ation concerning this matter, pleas	se call:		
DIEGO ARONIS		at ( 786	277 5684	
Nar	ne of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a checl	c for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

LE CAFE HOUSE, INC.		2022 FEB = 3 PM 4: 02
(Name o	of Corporation as current	tly filed with the Florida Dept. of State)
P13000099319		SECRETATY OF STATE  TALL ABASSES FI
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
		The new
	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address,		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		
	,	
D. If amending the registered agent an		
new registered agent and/or the new	W registered office addres  HLW SERVICES LLC	<u>S:</u>
Name of New Registered Agent		<del></del>
	4801 S UNIVERSITY DI	
		treet address)
New Registered Office Address:	DAVIE	, Florida 33328
		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.
	1),12(00)	hen!)
	Signature of New I	Registered Agent, if changing
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

• 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.

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	Name	<u>Addres</u> s
1) Change	MGR	VILLALBA, PABLO	19390 COLLINS AVENUE
Add			SUITE CU3
X Remove			SUNNY ISLES BEACH FL 33160
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			<u></u>
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

I an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	ttach <i>addition</i>	adding additiona al sheets, if necessa	ary). (Be speci	fic)			
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(if not applicable, indicate N/A)	<u>provisions for</u>	implementing the	amendment if	not contained	in the amenda	nent itself:	
	(if not app	licable, indicate N/	A)				
				•			
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The date of each amendment(s) adoption:	than
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	ed as
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholde action was not required.	r
☐ 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 both propio C. (voting group)	
(voting group)	
Signature 6/2 12000  (By a director, president or other officer – if directors or officers have not been	
Signature Color Name 100	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
The hast	
(Title of person signing)	

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