P14 0000 17018

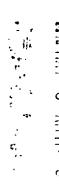
(Requestor's Name)
(Address)
(Address)
(
(0) (0) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(1001
Coeffee Contract Cont
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

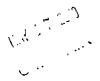




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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: NATURE DOCUMENT NUMBER: P 14000	Budy Products, INC.
DOCUMENT NUMBER: P1400	0017018
The enclosed Articles of Amendment and fee are st	
Please return all correspondence concerning this ma	atter to the following:
Migmi	Name of Contact Person Seely Products, INC Firm/ Company Address Address Address City/ State and Zip Code
For further information concerning this matter, plea	se call:
Sustavo Moreno	at (<u>305)</u> <u>987 430/</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
	payable to the Frontae Department of State.
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to ticles of Incorporation

	Articles of Inco	rporation		IF
NAT	FURE BOAL	y Proc	ducts,	INC.
(Name of Corp	oration as currently	filed with the Flor	ida Dept. of State)	
	P/40	10001	70/8	. · ·
(L	Document Númber of C	Corporation (if knov	vn)	
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corpo	ration adopts the fo	collowing amendmen
A. If amending name, enter the new name of t	the corporation:			
				·g)
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	"Corp." "Inc." or "C	o". A professional		
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	<u>'E BOX</u>)			
D. If amending the registered agent and/or re new registered agent and/or the new regist Name of New Registered Agent		ss in Florida, enter	the name of the	
				
	(Florida stree	address)		
New Registered Office Address:			Florida	
	(0	City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		th and accept the ol	bligations of the pos	ition.
	Signature of New Re	gistered Agent, if ch	uanging	

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	VP Miguel A. Espejo	444 Brickell Ade Suitesing
X Add		Miami Fl 33/31
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	44
	
	·
If an amendment provides for an exchange of the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the state of t
·	

date this document was signed.	, if other than the
Effective date if applicable:	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by	,
The amendment(s) was/were adopted by the board of direct action was not required.	
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	eithout shareholder action and shareholder
Signature (By a director president or other or	flicer – if directors or officers have not been the hands of a receiver, trustee, or other court
appointed fiduciary by that fiducia	uò.)
(Typed or print	o A MONENO ed name of person signing)
	ESTAENT
(Ti	le of person signing)