P140000 35993

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only --



500266231035

11/24/14--01012--022 **35.00

14 NOV 24 M DE 14

DEC 0 4 2013 C. CARROTHERS

COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation of

COFF Bres Carte	L /NC
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P 140000 3599	<u>3</u>
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation.	The new " "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	o". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	KA PART 9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maning dadress MAT BE A POST OF FICE BOX)	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	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 wi	th and accept the obligations of the position.
Signature of New Registered Ag	gent, 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>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	VP	TILL FINE	Fort lauderdele FL 33308
2) Change	<u>S</u> _	14 Aju bynnaro	608 SW 12 Are Fort Laudeidale
Remove 3) Change Add Remove	T	Marc Wiltshire	Fr 33312 6685W12 Are Fort Landerdok Fr 33312
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)	<u>(s) here</u> :		
			.	
				
	* · · · · · · · · · · · · · · · · · · ·		"	
If an amendment provides for an exch	nange, reclassificat	tion, or cancellation	on of issued share	<u>s,</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the ame	ndment itself:	
	·			
				<u> </u>
				
				-

The date of each amendment(s) adoption: ///8/20/9	_, if other than the
date this document was signed.	
Effective date if applicable: ///8/70/4 Ino more than 90 days after amendment file date)	
/ Ino more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 ///8//4 -	
Signature (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)	
Lisa Sicaco	
(Typed or printed name of person signing)	
President & Registered	Agent
(Title of person signing)	\