## P1400070533

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	-
	Office Use O	niy



000305201590

11/06/17--01023--026 \*\*43.75

S. YOUNG

NDV-8-PR-3:2

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

	TINT	CAFE, INC				
NAME OF CORPORATION: _					<del></del>	-
DOCUMENT NUMBER:	Pi-	4000070533				_
The enclosed Articles of Amendm	ent and fee are sub	omitted for filing.				
Please return all correspondence c	oncerning this matt	ter to the followin	ıg:			
	MARIA	TERESA BOHO	RQUEZ			
		Name of Conta	ict Person	1		
	TINTO	CAFE, INC				
		Firm/ Con	npany			
	6293	ETHAN DRIVE				
		Addres	SS			
	LAI	KEWORTH, FL	33467			
		City/ State and	Zip Code	2		
	МΊ	rbs20@Yahoo	.СОМ			
E-mail	address: (to be use	_		notific	ation)	_
For further information concerning	this matter, please	e call:				-
TERESA TABORD	A	at (	786	)	494-1721	
Name of Contact P	erson		Area Co	de & D	494-1721 Paytime Telephone No	umber
Enclosed is a check for the following	ng amount made p	ayable to the Flor	rida Depa	rtment	of State:	
2	75 Filing Fee & ficate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	y py is	Ce Ce (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy enclosed)	:
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Clifton 2661 E	ment S n of Co Buildi xecutiv	ection orporations	

## Articles of Amendment

το		il .
-		ij
	•	1
.FE, INC	<u> </u>	
ntly filed with the Florida D	ept. of State)	
070533	ij	) )
of Corporation (if known)	य !	3
is Florida Profit Corporation	adopts the following am	   
	,	
		16
N/A 	1	1
N/A  Idress in Florida, enter the ress:	name of the	
— SA BOHOROUEZ	Zie.	1
		<u>}</u>
N DRIVE	· ·	
street address)		
TH	Florida 33467	
(City)	(Zip Çode)	1
nt: r with and accept the obligate	ions of the position.	
	ncorporation of FE, INC ntly filed with the Florida D 070533 of Corporation (if known) is Florida Profit Corporation "Co". A professional corp i "P.A." N/A  N/A  N/A  N/A  Idress in Florida, enter the r ess: GA BOHORQUEZ N DRIVE street address) TH (City)	ncorporation of  IFE, INC  Intly filed with the Florida Dept. of State) 070533  of Corporation (if known) is Florida Profit Corporation adopts the following ame from "company," or "incorporated" or the abbreva "Co". A professional corporation name must contain "P.A."  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/

If amending the Officer address of each Officer (Attach additional sheets	and/or I	irector being added:	and name of each office	er/director being removed and title, name, a	ınd
Please note the officer/di P = President: V= Vice Executive Officer: CFO held. President, Treasure Changes should be noted	rector tit Presiden = Chief er, Direct I in the fo eves the c	e by the first letter of the of ; T= Treasurer; S= Secre Financial Officer. If an of or would be PTD. Ilowing manner. Currently or poration, Sally Smith is	otary; D= Director; TR= fficer/director holds mor y John Doe is listed as th	Trustee; C = Chairman or Clerk; CEO = Che than one title, list the first letter of each off e	fice e is
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	<u>Name</u>		Address !	
1) X Change	PS	KATHERINE	BOHORQUEZ	754 SUNFLOWER CIRCLE	
Add				FORT LAUDERDALE, FL 33327	
Remove					
2) Change	PS	MARIA TERE	SA BOHORQUEZ	6293 ETHAN DRIVE	
X Add				LAKEWORTH, FL 33467	
Remove					
3) Change		_		<u> </u>	
Add					
Remove				<u> </u>	
4) Change		_			
Add					
Remove					
5) Change		_			
Add				-	
Remove					
б) Change					
Add	-	_			
Remove					

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	i
	, 1
M/A	1 1
	<del>- i</del>
	<u></u>
	* }
<del>-</del>	- <u>- 1</u>
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	1 ;
	2 .
	:
	3 1
	·
	]
	<u>, i</u>
	1 1
	<u> </u>
	₹ í
	'
	111
	. 1
	ĺ
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	į
provisions for implementing the amendment if not contained in the amendment itself:	" .
(if not applicable, indicate N/A)	1
	il .
N/A	·
	<del></del>
	i
· · · · · · · · · · · · · · · · · · ·	
	1 (
	<u>,</u>
	1
	1 [
	· .
	. 1
	<u>:</u> :

OCTOBER 10, 2017	
The date of each amendment(s) adoption:	, if other than the
OCTOBER 10, 2017	<u> </u>
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by	<u></u>
(voting group)	}
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated 10/30/17	
Signature	1 1
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
MARIA TERESA BOHORQUEZ	
(Typed or printed name of person signif	ng) a l
PRESIDENT	4
(Title of person signing)	