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(Reque	estor's Name)	···
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## COVER LETTER

TO: Amendment Section Division of Corporations

2.

NAME OF CORPORAT	ION: CAFE CON LECT	HE AMERICAN COMPAN	8Y
DOCUMENT NUMBER	PI	4000072178	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
		OSVALDO MARTINEZ	
	47-34	Name of Contact Perso	n
	&O	J PROFESSIONAL SERV	ICES INC
<del></del> .		Firm/ Company	
		13550 SW 88 ST STE 150	
		Address	
		MIAMI FL 33186	
		City/ State and Zip Cod	C
	OSVA	ALDOEMARTINEZ@AOI	COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information co OSVALDO MA		105	446-4006
Name of Contact Person		at (	)) de & Daytime Telephone Number
		payable to the Florida Dep	·
S35 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		Ameno Divisio Clittor	Address  Imment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CAFE CON LECHE	AMERICAN COMPANY
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P140000	172178
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp." "Inc.," or Co.," or the designation "Corp," "Inc.," or " word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address Name of New Registered Agent	
(Florida str	eet 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	with and accept the obligations of the position.
Signature of New 1	Registered Agent, 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: XChange	<u>PT</u>	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ANTONIO COLETTA	8731 NW 110 AVE
Add			DORAL FL 33178
X Remove			
2) Change	Р	ROBERTO J CALLES ANGULO	13717 SW 13 ST
X Add			MIAMI FL 33184
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Chanas			
6) Change			
Add			· · ·
Remove			

atach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an exclusions for implementing the ame	<u>nange, reclassification, or cal</u> endment if not contained in ti	he amendment itself:	
(if not applicable, indicate N/A)			
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(у посаррисаме, такае (ул.)			
у ин аррисаме, такае гол)			
ду по аррисаме, такае гол)			
у ин аррисане, такие гля)			
у поп аррисате, такие гола)			
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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
10/27/2017 Dated
Dated
Signature  (By a director, president or other officer – if directors or officers have not been
(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)
ANTONIO COLETTA
(Typed or printed name of person signing)
Adim C. 1. H

Page 4 of 4

(Title of person signing)