P1400086352

(Red	questor's Name)	
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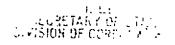


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COVER LETTER

2010 AUG 27 AM 11: 82

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: Coffee	Carrousel	Inc.
DOCUMENT NUMB	er: <u>P1400008</u>	86352	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
- - -	Coffee 1644 San	Name of Contact Person Carrouse Firm/ Company Whin Stranddress Address City/ State and Zip Code 049 @ hoth	ect - 34236
		sed for future annual report	
	concerning this matter, pleas N450wander		_) <u>365 - 2824</u> de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
☐ \$35 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)
<u>Maili</u>	ng Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation FALSE GLUFETARY CALL I DICTSION OF CORES ALLS

1	Articles of Incorporation	2018 AUG 27 AM 11: 52
('6	offee of Carrou	Se/ INC.
(Name of Cor	poration as currently filed with the l	
(2	P14000086	352
	Document Number of Corporation (if I	cnown)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Co	prporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp," "Inc," or "Co". A professi	or "incorporated" or the abbreviation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		

C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>)	<u></u>	
D. If amending the registered agent and/or rew registered agent and/or the new regi		nter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
	B	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered at the second		ne oblivations of the position.
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	Garage Agents Comment
	Signature of New 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: X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	_	Florence Motycka	
Add				
Remove				
2) Change	PT	- -	Julie Motycka	
Add			1	
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) 67				
5) Change	-	_		
Add				
Remove				 .
6) Change		_		
Add				
Remove				

	cles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exchi provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
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The date of each amendment(s) adoption: if other than the
date this document was signed.
Effective date if applicable: Aygust 13, 2018
Effective date if applicable: August 13, 2018 (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
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 8/21/18
Signature De De VP
(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)
Λ
(Typed or printed name of purson signing)
(Types of printed name of person signing)
(Title of person signing)