P15000076734

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	<i>϶#</i>)		
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SECSIFICATION OF STATE OF CORPORATION OF CORPORATION

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COVER LETTER

Division of Corpo	prations	_			
NAME OF CORPOR	AATION: 140	Creams Te	am Coop		
DOCUMENT NUMB	CLODADA	6734	<i>V</i>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MAI	Marte of Contact Person	Garen		
		Name of Contact Person	1 ~		
	L	THO G	enux Toom (or	<1 -	
		Firm/ Company	Ecoror rearring	N.	
	523 5	TH (AUE	2		
		Address			
	Coree	racres, FL	- 33463		
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	mgarcia (a	City/State and Zip Cod	& team.org.		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:		_	
NA	myknow 6a	Ray at 561	, 843-3445	7	,
Name o	Configur Person	Area Co	de & Daytime Telephone Number		3. 1.
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	(新) (新) (22)	1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
\$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)	PH 12: 03	OF SIATE

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

Articles of Amendment

to

Articles of Incorporation

	of	1	_		
	ny Tea.		2 	······································	
		filed with the Florid	a Dept. of State)		
P15000076				··· · · · · · · · · · · · · · · · · ·	<u> </u>
(D	ocument Number of	Corporation (if known	1)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corpord	ation adopts the follo	owing amendm	ent(s) to
A. If amending name, enter the new name of t	he corporation:				
name must be distinguishable and contain the				The nev	
word "chartered," "professional association," of B. Enter new principal office address, if applie (Principal office address MUST BE A STREET) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered	cable: ADDRESS) E BOX)		the name of the		
new registered agent and/or the new register		ss in Florida, enter	ne name or the	-	
Name of New Registered Agent				# 1	곳일 공인
					a m
	(Florida stree	et address)		22	
New Registered Office Address:			. Florida	÷.	3500
HEW REGISTERS Office Naturess.	(0	City)		(Zip Code)	SI
				(Zip Code)	A STE
N 75 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	D 14 14 4				TEC CO
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago		ith and accept the obl	igations of the positi	ion.	
	-	,	- "		
 	Signature of New Pa	gistered Agent, if cha	noina		
	Digitalian c b) Hew We	_Б ыстей луспі, у спи	വള്മ്പള		

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 E	<u> </u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Saily S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u> VP	Damian A. Gaircia	Address 573 574 / A. W
1) Change		Marrior A. Correct	523 574 LANG Greenaars, Fl
Add Remove			33463
2) Change			
Add			
Remove			
3) Change	.		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	.		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
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The date of each amendment(s) ad	Joption:	_, if other than the
date this document was signed.	. /	
Effective date <u>if applicable</u> :	12/1/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated/	12/2/2017 La fellet	
Signature	perfections	
selected	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	-
	(Typed or printed name of person signing)	
	(Typed or printed fixing of person signing)	
	(Title of person signing)	
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