

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000234588 3)))



H160002345883ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number : I20040000149

: (561)478-1777

Phone Fax Number

: (561)478-0567

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CAFE TECUN INC

| 0       | Certificate of Status |
|---------|-----------------------|
| 0       | Certified Copy        |
| 01      | Page Count            |
| \$35.00 | Estimated Charge      |
| į       | Estimated Charge      |

Electronic Filing Menu

Corporate Filing Menu

Help

## ((( H16000234588 3)))

#### Articles of Amendment to Articles of Incorporation of

| CAFE TECUN INC   |                                    |  |                     |
|--|------------------------------------|--|---------------------|
| (Name  | of Corporation as currently file   | d with the Florida Dept. of State)   | <del> </del>        |
| P16000036165   |                                    |  |                     |
|  | (Document Number of Cor            | poration (if known)  |                     |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this Flori | ida Profit Corporation adopts the following amenda   | ment(s)             |
| A. Mamending name, enter the new na  | me of the corporation:             |  |                     |
|  |                                    | The n  | ew                  |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "Co".     | company," or "incorporated" or the abbreviati A professional corporation name must contain t | on                  |
|  |                                    | 2011<br>Sign 1911  | _                   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)            |                                    |  | <u>,</u>            |
| (x rincepar office dearess into the present  |                                    |  | 3 7                 |
|  |                                    | SS AR  | ַרַ בַּ             |
|  | -                                  | mo :   |                     |
| C. Enter new mailing address, if appl  | icable:                            | 70   | ⊒≒ \<br>ΛΟ          |
| (Mailing address MAX BE A POST   | <u>OFFICE BOX</u> )                | 77.P.  | بب <u>ي</u><br>ــــ |
|  | _                                  |  | စ                   |
|  |                                    |  |                     |
|  | _                                  |  | -                   |
| D. If amending the registered agent an new registered agent and/or the new   |                                    | n Florida, enter the name of the   |                     |
| Name of New Registered Agent   | SHAUN D SOMERA                     |  |                     |
| Munic Of New Argistered Agent  | 1118 N J ST APT B                  |  |                     |
|  | (Florida street ac                 | lipace)  |                     |
|  | LAKE WORTH                         | 72460  |                     |
| New Registered Office Address:   | (City,                             | , Florida  | -                   |
|  | (01.)                              | (2.5   |                     |
|  |                                    |  |                     |
| New Registered Agent's Signature, if c   | hanging Registered Agent:          |  |                     |
|  |                                    | and accept the obligations of the position.  |                     |
|  |                                    |  |                     |
|  | 515                                |  |                     |
|  | Signature of New Projet            | ered Agent if Changing   |                     |

## ((( 416000Z34588 3)))

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 affice 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.

| X Change                      | PT 1               | John Doe       |                        |
|-------------------------------|--------------------|----------------|------------------------|
| X Remove                      | Y 1                | Mike Jones     |                        |
| X Add                         | <u>sv</u> <u>s</u> | Sally Smith    | ,                      |
| Type of Action<br>(Check One) | <u>Title</u>       | Name           | <u>Addres</u> s        |
| 1)Change                      | P                  | ALEX DAVALOS   | 774 SPRINGDALE CIR     |
| Add                           | ,                  |                | PALM SPRINGS, FL 33461 |
| X Remove                      |                    |                |                        |
| 2) Change                     | P                  | SHAUN D SOMERA | 1118 N J ST APT B      |
| X Add                         |                    | •              | LAKE WORTH, FL 33460   |
| Rémove                        |                    |                |                        |
| 3) Change                     |                    |                |                        |
| Add                           |                    |                |                        |
| Remove                        |                    |                |                        |
| 4) Change                     |                    | ·              |                        |
| Add                           |                    |                |                        |
| Remove                        |                    |                |                        |
| 5) Change                     |                    |                |                        |
| Add                           |                    |                |                        |
| Romove                        |                    |                |                        |
| ව Change                      |                    |                |                        |
| Add                           |                    |                |                        |
| Remove                        |                    |                |                        |

# (((H16000Z34588 3)))

| If amending or adding additional Arti<br>(Attach additional sheets, if necessary).                                | (Be specific)                                      | <u>re</u> :                                  |                      |              |
|---|--|--|----------------------|--------------|
|   |  |  |                      | · <u>-</u> - |
|   | <del></del>  |  | ,                    |              |
|   |  | · · · · · · · · · · · · · · · · · · ·        |                      |              |
|   |  |  |                      |              |
|   |  |  | <del></del> ·        |              |
|   |  |  |                      |              |
|   |  |  | ·                    |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      | ····         |
|   |  |  | <u> </u>             |              |
|   |  |  |                      | ·            |
| If an amendment provides for an exch<br>provisions for implementing the amer<br>(if not applicable, indicate N/A) | ange, reclassification, on adment if not contained | r cancellation of issu<br>in the amendment i | ed shares.<br>iseif: |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      |              |
|   |  |  |                      |              |

#### (((H160002345883)))

| The date of each amendment(s) adoption date this document was signed.                | n: 04-2.1-2016   | , if other than t         |
|--|--|---------------------------|
| Effective date <u>if applicable</u> :  |  |                           |
|  | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this block d document's effective date on the Departme | loes not meet the applicable statutory filing requirements, this date ent of State's records.                                    | will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                           |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient         | y the shareholders. The number of votes cast for the amendment(s) t for approval.  |                           |
| ☐ The amendment(s) was/were approved must be separately provided for each v          | by the shareholders through voting groups. The following statement 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 action was not required.                      | y the board of directors without shareholder action and shareholder  |                           |
| ☐ The amendment(s) was/were adopted by action was not required.                      | y the incorporators without shareholder action and shareholder   |                           |
| Dated 09-21-   | 2016   |                           |
| Signature X  |  |                           |
| (By a director,  | president or other officer - if directors or officers have not been  |                           |
|  | n incorporator — if in the hands of a receiver, trustee, or other court sciary by that fiduciary)                                |                           |
| ALEX   | (DAVALOS   |                           |
|  | (Typed or printed name of person signing)  |                           |
| PRES   | IDENT  |                           |
| <del></del>  | (Title of person signing)  |                           |