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R. WHITE 80V 2 9 2017 17 NOV 27 AM II: 36

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:BLACK C	OFFEE NAPLES INC	<u> </u>
DOCUMENT NUMBER:	P1600	0038913	
The enclosed Articles of An	nendment and fee are so	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
		ANTONIO COLETTA	
		Name of Contact Persor	1
		N/A	
		Firm/ Company	<u> </u>
	<u> </u>	Address	
	8731	NW 110 AVE DORAL FL	. 33178
		City/ State and Zip Cod	e
	,a	antoniocoletta@hotmail.com	n
	E-mail address: (to be u	sed for future annual report	notification)
For further information com	cerning this matter, pleas	se call:	
ANTONIO (COLETTA	786 at (290-6535
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
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 Clifton	Address Intent Section on of Corporations Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

FIED

17 NOV 27 AM II: 36

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	BLACK COFFEE NAPLES INC	TARRESTATE
(Name of Corp	oration as currently filed with the Flor	ida Dept. of State)
	P16000038913	
(1)	Document Number of Corporation (if know	wn)
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corpo	oration adopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	"Corp." "Inc." or "Co". A projessiona	"incorporated" or the abbreviation
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	
D. If amending the registered agent and/or renew registered agent and/or the new regis		r the name of the
	VISHNU PRATAP THALAPPIL	
Name of New Registered Agent	202 NICHOLAS PRKY E	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
	CAPE CORAL	33990
New Registered Office Address:	(City)	Florida <u>************************************</u>
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	ng Registered Agent: gent. I am familiar with and accept the o	obligations of the position,

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	VISHNU PRATAP THALAPPIL	202 NICHOLAS PKWY E
X Add		_	CAPE CORAL FL 33990
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
, Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Much additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u>-</u>	
-	
<u>If an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable indicate N/4)	
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	u .
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	11 20 17	
Signature	that '	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
	VISHNU PRATAP THALAPPIL (Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	