P16000040205

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: PUROAST COFF	EE COMPANY FLORIDA	, INC	
DOCUMENT NUM	BER: P16000040205			
The enclosed Articles	s of Amendment and foo are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	CARBONELL, ANA MARI	A		
		Name of Contact Person)	
	PUROAST COFFEE COMPANY FLORIDA, INC			
		Firm/ Company		
	3700 OAK RIDGE LN			
		Address		
	WESTON, FL 33331			
		City/ State and Zip Code	9	
anan	n.puroastfl@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification	
For further information	on concerning this matter, pleas $\Delta M \Delta D I \Delta$	0.54	6047133	
		at (334	6047133 Ge & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Tetephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtment of State;	
■ \$35 F _{ring} Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Fitting Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Cortificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	endment Section Usion of Corporations D. Box 6327 Usinassee, FL 32314	Amend Divisio Clitton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle tassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

PUROAST COFFEE COMPANY FLORIDA, INC

(Name of Corporat	tion as currently filed with the Florida	Dept. of State
16000040205		
· (Docum	ment Number of Corporation (15.known)	
ursuant to the provisions of section 607,1006, Florid S Articles of Incorporation:	ra Statutes, this Florida Profit Corporatio	$m{m}$ adopts the following amendment(
. If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co". A professional cor	orporated" or the abbreviation poration name must contain the
Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADI</u>	<u></u>	-\ <u>FG</u>
		第二
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	Size of I
		<u> </u>
If amending the registered agent and/or registe new registered agent and/or the new registered		name of the
Name of New Registered Agent	Months and the second s	
	(Florida street address)	
New Registered Office Address:		, Fiorida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	gistered Agent:	
nereby accept the appointment as registered agent.		itions of the position.
Sion	nature of New Registered Agent, if change	ing

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 <math>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	PT Jone	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Saii	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Aaaros</u> s
1) Change	P	SACHS, KERRY	528 WATER POINT
Aaa			WESTON, FL 33326
X Remove			
2)Change			
Aaa			
Remove			
3)Change			
Aaa			
Remove			
4)Change			
Aaa			
Remove			
5) Change			
Aaa			
Remove			
			
6)Cnange			
Aaa			
Remove			

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	ange, reclassification,	or cancellation of	issued snares,	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	<u> </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 is document's effective date on the Department of State's records.	will not be listed as the
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)	
(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.	
08/01/2016	
Duted	
Million II	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Ana Maria Carbonell	
(Typed or printed name of person signing)	
Secretary	

(Title of person signing)