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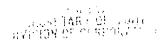
COVER LETTER

TO: Amendment Section

Division of Corporations Artisan Gourmet Mousse Corp. NAME OF CORPORATION: _ P16000056887 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ana H Barreiro Name of Contact Person Firm/ Company 50 S DIXIE HWY STE 4 St Augustine, FL 32084-0308 City/ State and Zip Code arm@keylimemousse.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $_{at}(\underline{904})\underline{814-9096}$ Armando Barreiro Jr Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



2016 OCT 13 AM 11: 19

Artisan Gourmet Mousse Corp. (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Key Lime Mousse Inc. name must be distinguishable and contain the virtual corp.," "Inc.," or Co.," or the designation "Co.	orp," "Inc," or "Co". A professional co	
word "chartered," "professional association," or		
3. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>		
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
D. If amending the registered agent and/or regi		e name of the
D. If amending the registered agent and/or reginew registered agent and/or the new register		e name of the
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new registered agent and/or the new register		e name of the
new registered agent and/or the new register Name of New Registered Agent	red office address:	e name of the
new registered agent and/or the new register	red office address:	
new registered agent and/or the new register Name of New Registered Agent	red office address: (Florida street address)	, Florida
new registered agent and/or the new register Name of New Registered Agent	(Florida street address) (City) Registered Agent:	, Florida (Zip Code)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Thomas E. Bowm	an 323 Marsh Hollow Rd
X Add			Ponte Vedra, FL 32081-0533
Remove			
2) Change	D	Alfonso Barreiro	611 Lead Ave SW
X Add			Apt 911
Remove			Albuquerque, NM 87102-3171
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<u> </u>		
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	N/A
	1 1// 1
	homes mealestification or concellation of issued charac
(an amendment provides for an exch	nange, recrassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself: N/A
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provisions for implementing the ame	endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) a	N/A	NAS; if other than the
date this document was signed.	Rioption.	the fact of the first the
Effective date if applicable:	N/A	2018 OCT 13 AMII: 19
	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this document's effective date on the D		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of sufficient for approval.	f votes cast for the amendment(s)
	oproved by the shareholders through voting or each voting group entitled to vote separa	
"The number of votes cas	t for the amendment(s) was/were sufficien	t for approval
by N	I/A (voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
The amendment(s) was/were ad action was not required.	dopted by the board of directors without sh	areholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareh	older action and shareholder
Dated 10/1	11/2016	
Signature (1)	all Barreis	
(By a	director, president or other officer - if dire	
	ed, by an incorporator – if in the hands of need fiduciary by that fiduciary)	a receiver, trustee, or other court
	Ana H Barr	eiro
	(Typed or printed name of pe	
	Preside	
	(Title of person s	igning)