P16000099585

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Amendaus

AUG 15 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Y & B CARIBBEA	AN CUISINE AND BAKE	RY INC
DOCUMENT NUM	P16000099585		
The enclosed Article:	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Magalie Charles		
		Name of Contact Person	11
	Y & B CARIBBEAN CUISI	NE AND BAKERY INC	
		Firm/ Company	
	658 SW PORT SAINT LUC	IE BLVD	
	_	Address	
	PORT ST LUCIE, FL 34953		
	-	City/ State and Zip Cod	e ż.
*	on concerning this matter, pleas		626-0627
Magalie Charles	- C cil D	at (1/2) 626-9627 de & Daytime Telephone Number
	of Contact Person or the following amount made		
☐ \$35 Filing Fee	■\$43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Y & B CARIBBEAN CUISINE AND BAKERY INC

(Name of Corporation as current)	y filed with the Florida Dept. of State)	
P16000099585		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "oword "chartered," "professional association," or the abbreviation".	Co". A professional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2811 AUG -
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	# 9: 5g
Name of New Registered Agent		
(Florida stre	et address)	 -
New Registered Office Address:	Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		ition.
Name of New Registered Agent (Florida street New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	et address), Florida City)	(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 = Trustec; 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: \underline{X} Change	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	Ballaguel Charles	658 SW PORT ST LUCIE BLVD	
X Add			PORT ST LUCIE, FL 34953	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			·	
5) Change				
Add				
Remove				
IXCHIOVE				
6) Change				
Add				
Remove				

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
	11.00	
		-
		
	,	
·		
an amandmant provides for an oach	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/A)		

	August 7th, 2017	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	August 7th, 2017	· .
и песиме date <u>и друшсавие.</u>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date vie Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	8/7/2017 Nacod Na la	
Signature 🔏	y a director, president or other officer – if directors or officers have not been	
se	lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ар	pointed fiduciary by that fiduciary)	
	Magalie Charles	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	