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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CAFES GUIL	IS USA INC.
DOCUMENT NUMBER: P17000053516	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	 is matter to the following:
RAUL DE LA CAMPA	
RAUL DE LA CAMPA	Name of Contact Person P.A.
	Firm/ Company
444 BRICKELL AVEN	⊎Е. SUITE #51-430
	Address
MIAMI, FL 33131	
	City/ State and Zip Code
raul@facampa.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call: 305 431-7749
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CAFES GUILIS USA INC.

en 23 double out inc.						
(Name	of Cor	poration as cur	rently filed with th	e Florida Dept. of State	:)	
P17000053516					•	
		Document Numb	ber of Corporation (i	if known)		
	,		oci oi corporation (i	ii kiiowii)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006,	Florida Statutes,	this Florida Profit	Corporation adopts the	following amend	lment(s)
a. If amending name, enter the new n	ame of	the corporation	<u>n:</u>			
MIAMIO COFFEE ROASTERS INC					The i	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation	"Corp," 'Inc,"	or "Co". A profes	" or "incorporated" o ssional corporation nam	r the abbrevia	lion
3. Enter new principal office address,	ifapp	 licable:	N/A			
Principal office address <u>MUST BE A</u> S						_
						_
				3"	<u> </u>	_
S. P. A					100 100 100	_
. Enter new mailing address, if appl (Mailing address MAY BE A POST			N/A		AN SER	Π
	0		 	,	ν	
					9	_m
		[]				D
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	_
 If amending the registered agent ar new registered agent and/or the ne 	<u>nd/or re</u>	egistered office	<u>address in Florida.</u> Iroser	enter the name of the	35	
new registered agent and/or the ne	N/A		11655.	•		
Name of New Registered Agent		<u> </u>				
	N/A					
		(Floria	la street address)			
New Registered Office Address:	N/A			E1:4- N	I/A	
			(City)	, Florida_	(Zip Code)	_
			••		, ,	
lew Registered Agent's Signature, if c	hangin	 g Registered Ag	zent:			
hereby accept the appointment as regist	tered as	gent. I am famil	liar with and accept	the obligations of the po	sition.	
			 -			
		Signature of Ne	ew Registered Agent	t, if changing		

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or Di if necesson ector title resident, Chief F Directon in the fol- ves the co	rector being a ary) by the first le T = Treasurer inancial Officer would be PT lowing mannel orporation, Sal	ter of the office title: ; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief r. If an officer/director holds more than one title, list the first letter of each office D. ; Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is ly Smith is named the V and S. These should be noted as John Doe, PT as a Change.
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)	<u>Title</u>	Nam 	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change		- <u>- </u>	
Add			
Remove			
3) Change		- 	
Add			
Remove			
4) Change			
Add		ļ	
Remove			
5) Change			
Add			
Remove			
6) Change		- <u> </u>	
Add			

_ Remove

E. <u>If amending or adding additional Articles</u> (Attach additional sheets, if necessary). (1)	s, enter change(s) here: Be specific)
N/A	
	-!
	11
	<u> </u>
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption: date this document was signed.	if other than th
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does r document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CF	IECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 dment(s) was/were sufficient for approval
by	ing group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
9/7/17 Dated	
Signature UU (
(By a director, pres	ident or other officer - if directors or officers have not been
selected, by an inco	propriator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	by that fiduciary)
MARC NA	VÄILLES ∥
	Typed or printed name of person signing)
PRESIDEN	T_{\parallel}
	(Title of person signing)