## P17000075953

(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	TIAW [	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



700303920087

10/02/17--01013--025 \*\*35.00

OCT 04 2017 S. YOUNG

FILED

17 OCT -2 PM 3: 44

SEURETARY OF STATE
TALLAMASSEE EN DAMA
TALLAMASSEE

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: C.V.ICECREAM & CO	OFFEE GO	URMET INC	
DOCUMENT NUMBER: P17000075952			
The enclosed Articles of Amendment and fee are submit	tted for filin	g.	
Please return all correspondence concerning this matter t	to the follow	ving:	
GUILLERMO D CORTES			
<u> </u>	vame of Cor	ntact Person	
CORDURAN ACCOUNTING SYSTEMS I		LC	
	Firm/ Co	ompany	
9881 NW 9TH COURT			
	Addi	ress	
PLANTATION, FLORIDA 33324			
C	City/ State ar	nd Zip Code	<u> </u>
E-mail address: (to be used for	or future an	nual report not	ification)
For further information concerning this matter, please ca	ill:		
GUILLERMO D CORTES	at (	954	849-0079
Name of Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the F	lorida Departn	nent of State:
Certificate of Status	\$43.75 Filin Certified G (Additional enclosed)	ору	3\$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		Clifton Bu 2661 Exec	nt Section f Corporations

## Articles of Amendment to Articles of Incorporation of

C.V.ICECREAM & COFFEE GOURMET INC

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P17000075952			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(	s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A		The new	
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent an	OFFICE BOX)	N/A  N/A  Tress in Florido, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	ANTONIO JOSE CALD	ERON AND T	
	540 NW 207TH TERRA	GE, PEMBROKE PINES FL.33029	
	(Florida s	treet address)	٠
New Registered Office Address:	540 NW 207TH TERRA	CE, PEMBROKE PINES Florida 3	
		(City) (Zip Code)	
New Registered Agent's Signature, if & I hereby accept the appointment as register		tt: with and accept the obligations of the position.	
<u> </u>	rturele	Registered Agent, if changing	
	Signature of New	Registered Agent, if changing	

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:	e, ana sai	iy 3mm, 57 as an Aua.		
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>		Address
1) Change	D	ANTONIO JOSE CAI	DERON	540 NW 207 TERRACE
X Add		-		PEMBROKE PINES FL.33029
Remove				
2) Change	D	JOSE ANTONIO CAI	DERON	540 NW 207 TERRACE
Add				PEMBROKE PINES FL 33029
X Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<del></del>	_	<u> </u>	
Add				
Remove				
6)Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	i) nere:
/A	
If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta (if not applicable, indicate N/A)	inted in the amendment itself:
/A	
<del></del>	<del>i</del>

SEPTEMBER 25, 201	7
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10-01-2017	
Effective date if applicable:	
(no more than 90)	days after amendment file date)
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to the proper enti	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	,"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors was action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	ut shareholder action and shareholder
09/25/2017) Dated	
Signature Mulpinfal	algn
	r if directors or officers have not been
	hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
ANTONIO JOSE CALDERON	1
(Typed or printed na	me of person signing)
DIRECTOR CO	
(Title of	person signing)