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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: LESL	Y BAKERY	& CAFE CORP.
DOCUMENT NUMBE	r: <u> </u>	0000499	8
	Amendment and fee are sub		
Please return all correspo	endence concerning this mat	ter to the following:	
_		X. MOLINI Name of Contact Perso BAKERY	
	1887 SH WEST PAL	Firm/ Company FAWOOD F Address M BFACH - City/ State and Zip Cod	& CAFE CORP. DONEST BLVD. FL. (US) 334/5
For further information c		ed for future annual report	
LESLY Name of	MOLIWA Contact Person	at (at Co	/) 3/7 - 80/6 ode & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment

to

Articles of Incorporation

of

LESLY BAKERY	& CAFE COILP.
	currently filed with the Florida Dept. of State)
P18000	004998
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	
LESLY'S BAKI	ERY & CAFE CORP. The new corporation," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." "I word "chartered," "professional association," or the abbr	nc," or "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 STREET ADDRES</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A
(Mulling uturess MAT DE A 1 651 611161, 2011)	
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	
•	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and accept the obligations of the position.
	e of New Registered Agent, if changing
Signature	e 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: X Change	<u>PT</u>	<u>John De</u>	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	mes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_ -		
Add				
Remove				
5) Change				
Add				
Remove				
0 (1)				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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	<u> </u>
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	n i i ga at a li at a Channadachanana
f an amendment provides for an exchange in a second and the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	And the state of t
-	

The date of each amendment(s) adoption: 7/1/20/8
date this document was signed.
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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
Dated
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)