P18000022695

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2017 SEP 18 AH 9: 03

2119 SEP 16 AH 9: 03

COVER LETTER

COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: Tampa Bay Cappeine Inc. DOCUMENT NUMBER: P180000 22 6 95 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:
HERNAN NOVA Name of Contact Person 701 Čentral Ave:
Saint Petersburg, Florida 33701 City/ State and Zip Code hnova 2002 & acl. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: HENGE NOVA at (727) 710 - 2019 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of A	Amendment
to	The Control of the Co
Articles of In	
Tampa Bay Carrei	WE I INC.
\` 	tly filed with the Florida Dept. of State)
P18000022695	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Co". A professional corporation name must contain the
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the ss:
(Florida :	street address)

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(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 = 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	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	5	Casey J.	Hengstebeck	Tampa, FL.	11th Street
Add		, -		Tampa, FL.	33604
Remove					-
2) Change					
Add				2000	_
Remove					
3) Change					
Add					_
Remove					_
4) Change					_
Add				<u></u>	_
Remove					_
5) Change					_
Add					_
Remove					_
6) Change					_
Add					_
Remove					_

	ing additional Artic eets, if necessary).					
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f an amendment p provisions for imp	rovides for an excha- plementing the amen	ange, reclassific: idment if not co	ation, or cancel ntained in the a	lation of issued mendment itseli	<u>shares.</u> F:	
(if not applicat	ble, indicate N/A)					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's records.	icable 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. To by the shareholders was/were sufficient for approval.	he number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	rough voting groups. The following statement a vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/w	ere sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directo action was not required.	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators waction was not required.	ithout shareholder action and shareholder
Dated 9/16/2019	
Signature Herrin	
	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court y)
Herna	d name of person signing)
(Typed or printe	d name of person signing)
Pres	le of person signing)
(Tit	le of person signing)