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COVER LETTER

TO: Amendment Section

Division of Corpora	tions				
NAME OF CORPORA	TION: CAFE	CITO CO	RPORATION		
DOCUMENT NUMBE	DOCUMENT NUMBER: P 180000 25050				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this mat	tter to the following:			
	GEORGE	JF WE Name of Contact Person	RNER		
_		Firm/ Company			
1016 EAST 15TH AVENUE					
	YBOR C	Address TY, FL City/ State and Zip Co	AVENUE DRIDA 33605		
E-mail address: (to be used for future annual report notification)					
For further information c	oncerning this matter, pleas	se call:			
GEORGE :	J.F. WER	NER at (727	,692-2982		
GEORGE J.F. WERNER at (727) 692-2982 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the	he following amount made	payable to the Florida De	partment 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)		
<u>M ailir</u>	ng Address	Stree	t Address		

Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment AM 10: 34

to SECRETAIN CASTATE Articles of Imporporation CBE FLORIDA

CAFECITO CORPORATION
 (Name of Corporation as currently filed with the Florida Dept. of State)
P18000025050

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
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 "two word "chartered," "professional association," or the abbreviation ". B. Enter new principal office address, if applicable:	Co". A professional corporation name must contain the
(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	N/A
(Florida stro	eet address) N/A , Florida
rveiv r legisia au Omice Audi ess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Sancture of Nau F	N/A Penistered 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	PT John	Dog	
_			
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u> _	DUWAYNE WATSON	·
XAdd			302 B
Remove			MIAMI, FL 33134
2) Change	<u></u>	LAUREN PARDO	770 PONCE DE LEON
X Add			302 B
Remove			MIAMI, FL 33134
3) Change	<u>T</u>	TORY PERFETTI	1016 EAST 15TH AVE.
X Add			YBOR CITY, FL 33605
Remove			·
4) Change	<u>S</u>	GEORGE WERNER	1016 EAST 15TH AVE.
X Add			YBOR CITY FL 33605
Remove			,
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

FED	ERAL E	MPLOYER	I.D. /	VUMBER	REMAINS
THE No-	REGIS C GE	TERED RGE.	AGENTS	NAME	15 GEORG
				, , , , , , , , , , , , , , , , , , , ,	
provisions for imp		mendment if not	ification, or cancellati contained in the ame		à
		N/	′ A		
					

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption:	N/	A	, if other than the
date this document was signed.		, ,	, n onici man nic
ū	N /	Δ	
Effective date if applicable:	19/7	7	
(1	no more than 90 days	after amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		atutory filing requirements, th	nis date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the sha by the sharcholders was/were sufficient for appropriate the sharcholders was/were sufficient for approximately the sharcholders was sufficient for approximately	reholders. The numberoval.	er of votes cast for the amendr	nent(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gre			
"The number of votes cast for the amendir	nent(s) was/were suffic	cient for approval	
by		,,,	
(voting	group)		
☐ The amendment(s) was/were adopted by the boat action was not required.	ard of directors withou	t shareholder action and share	holder
☐ The amendment(s) was/were adopted by the increaction was not required.	orporators without sha	reholder action and sharehold	er
Dated MARCH 23	2,2018	_	
	1/2	T	
Signature (By a director, prestice	nt or other officer - if	directors or officers have not	heart
scleeted, by an incorpo	ator – if in the hands	of a receiver, trustee, or other	court
appointed fiduciary	that fiduciary)		
GEO	RGE J.F.	WERNER	
(Ty	ped or printed name of	f person signing)	
S -	/	Pa. 4-00-0	A
JEC	RETARY /	REGISTERED	/ 19ENT
	(Title of perso	on signing)	