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CÔVER LETTÉR

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CUP OF LOVE CA	AFE INC	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LEILA FERDOUSIAN		
	CUP OF LOVE CAFE INC	Name of Contact Person	1
		Firm/ Company	
	1500 ALAFAYA TRL STE	1024	
		Address	
	OVIEDO F1, 32765		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report	notification)
LEILA FERDOUSIA	N	407	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	hing Address andment Section sion of Corporations Box 6327 thassee, F1, 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303

Articles of Amendment to Articles of Incorporation of

CLID	CALL	OVE	CARE	INC

COP OF LOVE CAPE INC				
(<u>Name g</u>	f Corporation as currently	filed with the Florida Der	ot. of State)	
P18000058242				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Horida Profit Corporation a	ndopts the following	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
-				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	lorp," "Inc," or "Co". A	ompany," or "incorporated professional corporation i	" or the abbreviatio name must contain	on "Corp"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the ney	OFFICE BOX) d/or registered office addr	ess in Florida, enter the na	ame of the	7 Thus = 7 Kh 12: 17
Name of New Registered Agent	INGRID WILLIAMS	•		
	1500 ALAFAYA TRL STI	E 1024		_
	(Florida stre	vet address)		-
New Registered Office Address:	OVIEDO		. Florida 32765	
		(City)	Zip (Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligatio		-
Check if applicable	,			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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>	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>	<u>Addres</u> s
1) Change	PRES	LEILA FERDOUSIAN	1500 ALAFAYA TRL STE 1024
Add			OVIEDO FL 32765
X Remove			
2) Change	Р	INGRID F WILLIAMS WILLIAMS	1500 ALAFAYA TRL STE 1024
X Add			OVIEDO FL 32765
Remove 3) Change	VP	MIRIAM J WILLIAMS SALAZAR	
X Add			1500 ALAFAYA TRL STE 1024
Remove			OVIEDO FL 32765
4) Change			
Add			
Remove			
5/ Change			
Add			
Remove			
6) Change			
Add			
Damana			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	-
	
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	<u></u> .
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	

•

	adoption:	if other than
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	7
		13 AU.
Dated	3_7_223	
Signature	Mi sa	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	LEILA FERDOUSIAN	<u> </u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the