Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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More: DO NOT hit the KUPKESHIKELOAD notion on your provisor from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (858)61

: (858)617-6389

From:

Account Name : SANCHEZ & VADILLO, LLP

Account Number : IZB159000038 Phone : (305)485-9700 Fax Number : (305)436-0191

Entar the conil address for this business entity to be used for future annual report seilings. Enter only one entity address please.

Email Address: CEYTING TO CY AMAIL COVER.

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DELIRIO COFFEE & MARKET INC

Certificate of Status

Certificate Copy

Dage Couni

Estimated Charge

\$35.00

Electronic Filing Menu

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Help

DEC 1 . 2020

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

page 2 H20000A186823

Articles of Amendment to Articles of Incorporation of

DELIKIO COFFEE & MARKET INC			
(Name	of Corporation as currently	filed with the Florida De	ot. of State)
P18000065816			
***************************************	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new	name of the corporation:		
			
name must be distinguishable and contain "Inc" or Co.," or the designation "chartered," "professional association,	'Corp," "Inc," or "Co". A	mpany," or "incorporated professional corporation	The new "or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address	. if annlicable:		29
(Principal office address MUST BE A.	STREET ADDRESS)		DEC
			
			% F
C. Enter new mailing address, if app	licable:		三二 是
(Mailing address MAY BE A POST	OFFICE BOX)		
			<u> </u>
			<u>∪m</u> ∞
D. If amending the registered grant of			
D. If amending the registered agent a new registered agent and/or the new registered agent agen	w registered office address:	ss in riorida, enter the na	ime of the
	CELECTING MENTAGED		
Name of New Registered Agent			
	253 NE 2 STREET APT 420		
	(Florida stree	t address)	
New Registered Office Address	MIAMI		_, Florida
	(C	lity)	(Zip Code)
	(C	lity)	(Zip Code)
New Registered Agent's Signature, if	changing Dardstavad & court.		
I hereby accept the appointment as regis	stered agent. I am familiar wil	h and accept the obligation	ns of the position.
•		,	
	, laigh		
	Signature of New Reg	istered Agent, if changing	· - · · · · · · · · · · · · · · · · · ·

Example:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

B	· · · · · · · · · · · · · · · · · · ·	
address of each Officer and/or Di	rector being added:	
(Attach additional sheets, if necessa	(ערע)	

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	0	CARINA F COELHO	253 NE 2 STREET
Add			1406
X Remove			MIAMI, FLORIDA 33132
2) Change	P	CELESTINO NENINGER	253 NE 2 STREET
X Add			4203
Remove 3) Change			MIAMI, FLORIDA 33132
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	lditional shee	ts, if necessary).	(Be specific)	inge(s) here:		
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f an am	endment pro	vides for an exc	hange, reclassi	fication, or can	cellation of issue	d shares,
<u>provisi</u> (if)	not applicable	, indicate N/A)	enoment it not	contained in th	e amendment its	<u>sell:</u>
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The date of each amendment(s) ac	option:	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 bedocument's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast fonction of the shareholders.	or the amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the at	e following statement mendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approva	1
by	(voting group)	
	(voting group)	
DECEMBE Dated	R 2, 2020	
Signature	ulho	
selected	ector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	ers have not been stee, or other court
	CARTNA F COELHO	
•	(Typed or printed name of person signing)	
	OWNER	
-	(Title of person signing)	