## P19000053390

(Ke	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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Amend

JUN 2 0 2020 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: TWO/LEY COFFEE CORP DOCUMENT NUMBER: P19 0000 53390
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sol Hanvel A ragon Honteaguch  Name of Contact Person  Francompany  500 W 66 St  Address
UnaleAH FL 33012
City/ State and Zip Code
E-mail address: (to be used for little annual report notification)
For further information concerning this matter, please call:
Jose Ranvel Jagov Honlegy do at (346), 228-4472 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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

Articles	θſ	Incorporation

,	of	
TROlley Coffee	CORP	
(Name of Corporati	ORP ion as currently filed with the Florida Dept. of State)	7
P19,00005	3 <i>99</i> 0	79
(Docum	ment Number of Corporation (if known)	Ø.
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the fo	llowing amendment
A. If amending name, enter the new name of the co	orporation:	
		The new
	e: 4/6 Canyon Dr S	eviation "Corp.,"
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Lechgn acres FL	S 33936
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent	ered office address in Florida, enter the name of the office address:	
	(Florida street address)	
New Registered Office Address:	, Florida	
	(Cip)	(Zip Code)
	gistered Agent:  I am familiar with and accept the obligations of the pos  nature of New Registered Agent, if changing	ition.
\(\sigma_{\sigma}\)	and the second commence of the second se	

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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

amending or addittach additional she	vets, if necessary).	(Be specific)				
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an amendment pr	ovides for an exc	hange, reclassi	fication, or ear	ncellation of is	med shares	
rovisions for impl	ementing the amo	endment if not	contained in t	he amendment	itself:	
(ў погаррасат	le, indicate N/A)					
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				<u> </u>		
				<del></del>		
		<del>-</del>				<u>.</u>
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The date of each amendment(s) add date this document was signed.	option: 5/28/2020	, if other than the
Effective date if applicable:	5/28/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes cast for the amend ficient for approval.	lment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendments	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	<u></u>	
<del></del>	(voting group)	
	P/2020  Contr. president or other officer – if directors or officers have not	
appointe	by an incorporator – if in the hands of a receiver, trustee, or oth d fiduciary by that fiduciary)  .4	
<u>-</u>	Jose Kanuel Argan Horter	isudo
	(Typed or printed name of person signing)	
	$\Theta$	
<del>-</del>	(Title of person signing)	