P19000093320

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
J. HORNE				
DEC 2 8 2021				

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12/09/21--01012--023 **35.00



COVER LETTER

Division of Corporations NAME OF CORPORATION: Mahagany Coffee Co. DOCUMENT NUMBER: P19000092320 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shawn Shannon Name of Contact Person

Manogany Coffee Co.

Firm/ Company 915 Doyle Rd Suite 303-169

Address
Deltong, FL 32725

City/ State and Zip Code Mahogany coffee 212 egmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn Shannon at (407) 492 - 0820
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

Articles of Amendment to

Articles of Incorporation

of

FILED

Managany Coffee (0 . 2021 DEC -9 PM 3: 52
(Name of Corporation as currently f	
P190000923	SETRETADO AGE = =
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "coo "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P A."	mnany "or "incorporated" or the abbreviation "Corp"
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)	225 W Seminole Blrd Suite 105 Sanford, FL 32771
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent Storeviouse 4 Office Pk (Florida street)	Treasures LLC C Prire Cornersuites
New Registered Office Address: Palm Coast	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment arregistered agent. I am familiar w Signature of New Re	ith and accept the obligations of the position. gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Doc	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	1	William & Burns	30219 Ponnington Loop
Add Remove			M+ Don, +- 1 32757
2) Change Add	D	Martin van Tilborgh	225 W Seminola Blad Suite 105 Sanford, FL
Remove Change			32771
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add Remove			

	ing additional Articles eets, if necessary). (l	Be specific)				
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an amendment pi	rovides for an exchan	ge, reclassificat	ion, or cancellat	tion of issued sh	iares,	
provisions for impl	lementing the amendi	ment if not cont	tained in the am	endment itself:		
(if not applicab	le, indicate N/A)					
		<u> </u>				
-						
						
			<u></u>	<u> </u>		
			 			

The date of each amendment(s) ado	ption:	, if other than the
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 bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the ame icient for approval.	endment(s)
	wed by the shareholders through voting groups. The followin ich voting group entitled to vote separately on the amendmen	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
Signature	6/2021 C	
selected,	ctor, president or other officer – if directors or officers have r by an incorporator – if in the hands of a receiver, trustee, or o I fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
_	(Typed or printed name of person signing)	
	CFO	
_	(Title of person signing)	