P20000073176

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(Add:ess)
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	ORATION: MBS Caribbean Ro	estaurant & Bakery, Inc.				
	4BER: P20000023126					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all con	respondence concerning this ma	tter to the following:				
	Maxeau Coulanges					
		Name of Contact Persor				
	MBS Caribbean Restaurant & Bakery, Inc.					
		Firm/ Company				
	1825 E. Sample Rd					
	Address					
	Pompano Beach, FL 33064					
		City/ State and Zip Code				
	maxeau1967@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea:	se call:				
Maxeau Coulanges		954 at (560-1135			
Nam	e of Contact Person		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 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)			
М	ailing Address	Street	Address			

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

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

MBS Caribbean Restaurant & Bakery, Inc.	
(Name of Corporation as currentl	y filed with the Florida Dept. of State)
P20000023126	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Cinc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 address new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida str	reet address)
New Registered Office Address:	(City), Florida Zip Code) Zip Code)
N. D. Jan Janes V. Circulanov, if shorting Desirated Association	with and accept the oblivations of the position.
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	with and accept the obligations of the position.
Signature of Now P	Registered Agent, if changing

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V,D	Lassaronise Seide	4341 NE 18th Ave.
X Add			Pompano Beach, FL 33064
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or additional she	ng additional Articles, ente ets, if necessary). (Be spec	r change(s) here: cific)			
I/A					
					
<u> </u>					
					
			 		
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					-
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		·		<u>-</u>	
If an amendment pr	ovides for an exchange, re- lementing the amendment i	classification, or car	cellation of issued	shares.	
provisions for impl	lementing the amendment in the left in the	i not contained in t	ne amenament itsei	<u>1:</u>	
	ie, indicale IVA)				
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		.4884			
		<u> </u>			

The date of each amendment(s	adoption:		, if other than the
late this document was signed.			
Cffective date <u>if applicable</u> :	06/09/2023		
meetive date <u>ir applicable</u> .	(no more than	90 days after amendment file date)	
	is block does not meet the apple Department of State's records.	icable statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or	board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer		ne number of votes cast for the amer	ndment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders th for each voting group entitled to	rough voting groups. The following vote separately on the amendment	statement (s):
"The number of votes of	east for the amendment(s) was/w	ere sufficient for approval	ì
by Maxeau Coulanges		,,,	
0,	(voting group)		
06/09/2	023		
Dated			
Signature	-/-/-/		
(By	a director, president or other off	icer - if directors or officers have no	ot been
		he hands of a receiver, trustee, or ot	her court
арр	ointed fiduciary by that fiduciar	y)	
	Maxeau Coulanges		
	(Typed or printed	l name of person signing)	
	President, Director		
	(Title of person s	igning)	