## P20000035984

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ddress)            |           |
| (Ac                     | idress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Dc                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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## COVER LETTER ·

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                            | RATION: Kokoricos Cafe Inc   | :  |   |
|--|--|--|---|
|  | BER: P20000035984  |  |   |
|  | of Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corre                  | spondence concerning this ma   | tter to the following:   |   |
|  | Jennie Pleasant  |  |   |
|  |  | Name of Contact Person   | 1   |
|  | Ortega & Figueroa Accountir  | ng & Tax Service Inc   |   |
|  |  | Firm/ Company  |   |
|  | 101 N State Road 7, Ste 111  |  |   |
|  |  | Address  |   |
|  | Margate, FL 33063  |  |   |
|  | <del></del>  | City/ State and Zip Code   |   |
|  | office@margatetaxservices.co   | om   |   |
|  |  | sed for future annual report                                       | notification)   |
| For further information  Angela M ESC6 & | on concerning this matter, pleas   |  | 597 9174  |
| Name                                     | of Contact Person  | Area Co  | be & Daytime Telephone Number   |
| Enclosed is a check for                  | or the following amount made   | payable to the Florida Depa  | artment of State:   |
| ■ \$35 Filing Fee                        | ☐\$43.75 Filing Fee & Certificate of Status                                | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                    |
| Am<br>Div<br>P.O                         | endment Section<br>ision of Corporations<br>Box 6327<br>lahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                               | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

| Kokoricos Cafe Inc   |                                  |  |                              |          |
|--|----------------------------------|--|------------------------------|----------|
|  | f Corporation as currently       | filed with the Florida Dept. of State)   | *****                        |          |
| P20000035984   |                                  |  |                              |          |
|  | (Document Number of              | Corporation (if known)   |                              |          |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this $F$ | Torida Profit Corporation adopts the following                                       | ing amendmer                 | ıt(s) to |
| A. If amending name, enter the new na  | me of the corporation:           |  |                              |          |
| Café de la Casa de Josue, Inc  |                                  |  | The new                      |          |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | orp," "Inc," or "Co". A          | ompany," or "incorporated" or the abbrevial professional corporation name must conte | tion "Corp. "<br>un the word |          |
| B. Enter new principal office address,   |                                  |  |                              |          |
| (Principal office address <u>MUST BE A ST</u>  | TREET ADDRESS )                  |  | (8)                          |          |
|  |                                  |  |                              | •        |
|  |                                  |  | :                            |          |
| C. Enter new mailing address, if applicable:   |                                  |  | :3                           |          |
| (Muiling address MAY BE A POST (   |                                  |  |                              | ;        |
|  |                                  |  | 12                           | Ì        |
|  |                                  |  | :3<br>0                      |          |
| D. If amending the registered agent an new registered agent and/or the new   |                                  |  |                              |          |
| Name of New Registered Agent   | 14735 SW 42nd Ter                |  |                              |          |
|  | (Florido strei                   | or address.  | _                            |          |
|  | Miami                            | 33185  |                              |          |
| New Registered Office Address:   |                                  | , Florida  | Code)                        |          |
|  | ,,                               |  | , touch                      |          |
| New Registered Agent's Signature, if cl I hereby accept the appointment as registe                                       | ered agent. I am familiar w      | ith and accept the obligations of the position  Oell  gistered 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)

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> | John Doe               |                   |
|-------------------------------|-----------|------------------------|-------------------|
| X Remove                      | <u>v</u>  | Mike Jones             |                   |
| X Add                         | <u>sv</u> | Sally Smith            |                   |
| Type of Action<br>(Check One) | Title     | Name                   | <u>Addres</u> s   |
| 1) Change                     | P         | Angela M Doyle         | 14735 SW 42nd Ter |
| Add                           |           |                        | Miami FL 33185    |
| X Remove                      |           |                        |                   |
| 2) Change                     | P         | Angela M Escobar Plaza | 14735 SW 42nd Ter |
| X Add                         |           |                        | Miami, FL 33185   |
| Remove 3 ) Change             |           |                        |                   |
| Add                           |           |                        |                   |
| Remove                        |           |                        |                   |
| 4) Change                     |           |                        |                   |
| Add                           |           |                        |                   |
| Remove                        |           |                        |                   |
| 5) Change                     |           |                        |                   |
| Add                           |           |                        |                   |
| Remove                        |           |                        |                   |
| 6) Change                     |           | _                      |                   |
| Add                           |           |                        |                   |
| Remove                        |           |                        |                   |

|                   | tional sheets, if necessary). (Be spe   | reifie)  |   |               |
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| f an ameno        | dment provides for an exchange, re  | classification, or cane                            | ellation of issued shares,                      |               |
| provisions        | for implementing the amendment  | classification, or canc<br>if not contained in the | ellation of issued shares,<br>amendment itself: |               |
| <u>provisions</u> | dment provides for an exchange, re for implementing the amendment applicable, indicate N/A) | classification, or canc<br>if not contained in the | ellation of issued shares,<br>amendment itself: |               |
| <u>provisions</u> | for implementing the amendment  | classification, or canc<br>if not contained in the | ellation of issued shares,<br>amendment itself: |               |
| <u>provisions</u> | for implementing the amendment  | classification, or canc<br>if not contained in the | ellation of issued shares, amendment itself:    |               |
| <u>provisions</u> | for implementing the amendment  | classification, or canc<br>if not contained in the | eliation of issued shares, amendment itself:    |               |
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| provisions        | for implementing the amendment  | classification, or canc                            | ellation of issued shares, e amendment itself:  |               |

|   | 10/01/2021   |                               |
|---|--|-------------------------------|
| The date of each amendmen date this document was signed |  | , if other than the           |
|   | 10/01/2021   |                               |
| Effective date <u>if applicable</u> :                   | (no more than 90 days after amendment file date)   |                               |
|   | this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.                                       | ate will not be listed as the |
| Adoption of Amendment(s)                                | ( <u>CHECK ONE</u> )   |                               |
| The amendment(s) was/we action was not required.        | re adopted by the incorporators, or board of directors without shareholder act   | ion and shareholder           |
|   | re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.  | :(s)                          |
| ☐ The amendment(s) was/we must be separately provide    | re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s): | nen:                          |
| "The number of vote                                     | s cast for the amendment(s) was/were sufficient for approval   |                               |
| by  |  |                               |
| ~   | (voting group)   |                               |
| 11/0  | 2 <i>j</i> 2021  |                               |
| DatedSignature  | and Mance 9  |                               |
| (1  | By a director, president or other officer - if directors or officers have not been   | ı                             |
|   | elected, by an incorporator - if in the hands of a receiver, trustee, or other co  | urt                           |
| 8   | ppointed fiduciary by that fiduciary)  |                               |
|   | Angela Maria Escobar Plaza   |                               |
|   | (Typed or printed name of person signing)  |                               |
|   | President  |                               |
|   | (Title of person signing)  |                               |