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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: __ La Patisserie French Bakery & Restaurant, Inc DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mimose Edouard Name of Contact Person La Patisserie French Bakery & Restaurant, Inc Firm/ Company 111 SW 66 Ave Address Pembroke Pines, FL 33023-1259 City/ State and Zip Code lapatisseriefrenchbakery@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (754) 777-2588

Area Code & Daytime Telephone Number Mimose Edouard Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing 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 Articles of Incorporation of

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(Name of Corporation	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
N/A	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co", A professional corporation name must contain the word
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>DRESS</u>)
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A
(mailing dadress MAT BL AT OST OFFICE BO.	<u></u>
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D. If amending the registered agent and/or register	
new registered agent and/or the new registered	office address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	vistered Agent:
	I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to \$. 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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Marc Edouard	PO Box 246345
Add X Remove			Pembroke Pines, FL 33024
2) Change	P	Mimose Edouard	PO Box 246345
X Add			Pembroke Pines, FL 33024
Remove 3) Change	CEO	Marc Edouard	
X Add			PO Box 246345
Remove			Pembroke Pines, FL 33024
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
	
	.
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	-
	<u> </u>

The date of each amendment(s) as	July 1st, 2020 Ioption:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	le)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the afficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
July 1, 20 Dated	20	
Signature	Education (rector, president or other officer – if directors or officers have	
selecte	rector, president or other officer – if directors or officers hav 1, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	re not been or other court
	Mimose Edouard	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	