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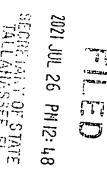
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A. Butter

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AGAVE VEGAN BAKERY, INC. DOCUMENT NUMBER: P20000096935 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Noemi Berrios-Amaro Name of Contact Person N&S Multiservices, Inc. Firm/ Company 191 NW 17th Court Address Pompano Beach, FL 33060 City/ State and Zip Code nsmultiservicesinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Noemi Berrios-Amaro 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: X \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

AGAVE VEGAN BAKERY, INC. (Name of Corporation as currently filed with the Florida Dept bots (1) 26 PH 12: 48 P20000096935 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Secretary	Manuel Pena	4506 NW 48th Terrace
Add			Tamarac, FL 33319
Remove			
2) Change	Secretary	Emil Dotel	7100 Nova Dr., Apt. 205A
Add			Davie, FL 33317
X Remove 3) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
の Change			
Add	-		
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	_		
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an amendment provides for an exchi	ange, reclassification	or cancellation of	issued shares	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contain	ed in the amendme	ent itself:	
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· ·	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requireme partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☼ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast 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 amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
Dated 7/20/2 Signature	021  Jehnardena  rector, president brother officer – if directors or officers have	
	rector; president or other officer – it directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or	
	ed fiduciary by that fiduciary)	
_	Stephanie Pena	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	