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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Corporacion Cacac	San Francisco Corp	
DOCUMENT NUME	BER: P21000023968		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Angelica Pavani	×	
		Name of Contact Persor	1
		Firm/ Company	
	11341 NW 42nd Terrace		<del></del>
	Doral, FL 33178	Address	
		City/ State and Zip Code	2
	angelicapavani@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Orlando Theis		786	5370705
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	urtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (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

Corporación Cacao San	Francisco Corp
(Name of Corporation as currently	filed with the Horida Door, of State 1 02
h91000093d18	2000
(Document Number of	Corporation (it kind to har TOF STATE IALLAHASSEE, FI
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "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 addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
tFlorida stre	4 address)
New Registered Office Address:	
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable	
сисси и прримаим	

 $\Box$  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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustce; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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: $\underline{X}$ Change	<u> </u>	John Doe	
X Remove	$\underline{\underline{V}}$	Mike Jones	
_X Add	<u>SV</u>	<u>Şaliy Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	S	Orlando Theis	11035 Mill Creek Way Apt 103
X Add			Fort Myers FL 33913
Remove			
2) Change			
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
61 Change			
Add			
Remove			

	ling additional Art heets, if necessary).	(Be specific)				
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an amendment pi	rovides for an exch	ange, reclassifica	ition, or cancella	ion of issued sh	ares,	
rovisions for map	lementing the ame	nament it not coi	itained in the am	endment itself:		
- Of mot amplicate	ac, mateure 1921)					
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The date of each amendment(s' date this document was signed.	adoption:, if other than the
0.	8-10-2021
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided j	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ea	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
03-24-20 Dated	21
Signature	
selec	director, president a other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Angelica Pavani
	(Typed or printed name of person signing)
	President
	(Title of person signing)