P23000083374

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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A. BUTLER TO B

COVER LETTER

	ailing Address		Address
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Rach	ael Kent	904	502-5338
For further informati	ion concerning this matter, pleas	se call:	
	E-mail address: (to be us	sed for future annual report	notification)
	Rachael	boone@g	, ;
	StJoh	$\frac{\text{NS}}{\text{City/ State and Zip Code}}$	-239
		Address	
	300 Sa	Firm/Company The Buck	Board Drive
	<u>Cup Ri</u>	unneth O	ver cafe, inc
	<u> </u>	Name of Contact Persor	1 2 1
r lease return an con	espondence concerning this ma	al Veial	
	respondence concerning this ma		
	es of Amendment and fee are su	bmitted for filing	
DOCUMENT NUM	023	0000 833	
NAME OF CORPO	MATION: CIAD	Runneth_	Over Cafeing.
TO: Amendment Se Division of Cor		cup Runna	eth Over Cate, Ir

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

My Cup Runaeth Over	- cafe thell En
(Name of Corporation as currently f	iled with the Florida Dent, of State)
Y 230000 83374	ни и: 13
(Document Number of C	orporation (if known) Section 5
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	Go I
	rafe, Inc The new
name must be distinguishable and contain the word "vorporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Fatou and multime address: if applicables	. \ .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
_	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street	addressi
New Registered Office Address:	, Florida NA
New Negaterea Cyrice Anaress.	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
NIA	
Signature of New Regi	stered 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	Title Name	<u>Address</u>
1) Change	NH	
Add		
Remove		
2) Change		
Add		
Remove Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
		<u></u> -	
			
-			
			
			
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f an amendment provides for an excl	nange, reclassification, or cancellati	on of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/4)	N	<u>nament useu:</u>	
(i) was sifty and a second second	NIA		
	1 - 1 - 1 -		
		-	

The date of each amendment(v) at	loption:	, it other than the
date this document was signed.		
Effective date if applicable:	two more than 90 days after amendment fi	de dutet
	out more than 20 active after amenament fo	ie dancy
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requ purtment of State's records	trements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required	pted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for Hicient for approval.	the amendment(s)
The amendment(s) was/were app must be separately provided for	royed by the shareholders through voting groups. The cuch voting group cutilled to vote separately on the am	following statement wadment(s)
"The number of votes cast	for the amendment(s) was were sufficient for approval	
by		
	tvoting group:	
Dated 121	8/2023	
Signature	Palati	
(Hy a diselected	(ector, president or other officer + if directors or office I, by an incorporator + if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	Rachael Kent	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	