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Special Instructions to Filing Officer:	۰ ۱ ۲
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: _	Carlito's Cafe, Inc.
DOCUMENT NUMBER:	P9500022209

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Carlos Caballen
Name of Contact Person
Carlito's cafe
Firm/ Company
4401 SW 4 Street
Address
MiGNI, FL 33134
City/ State and Zip Code
JCCG 1986 @ Yahw. 25

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>SUG A CGAOS CGBCILLO</u> at (<u>780</u>) <u>UU3 SUU7</u> 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:

ZI \$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)

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 Am	endment	
to Articles of Incol	rnoration	
of	, por a	
Cadubas	Cafe, Inc	
	filed with the Florida Depi. of State	}
P95000022209		
(Document Number of O	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Flits Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts the fo	pllowing 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," "constant or Co.," or the designation "Corp." "Inc.," or "Co". A pre- "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abb professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-	i
	<u></u>	
C. Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)	4401 SW 4 ST	rrel F
	<u>4401 SW 4 51</u> MiGNI, FL 33	134
		<u></u>
D. If amending the registered agent and/or registered office addres	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:	Par II	
Name of New Registered Agent _ JUGO CAAUS	(aballen)	
4461 SW	4 street	
(Florida street	(address)	
New Registered Office Address: MiGNI	. Florida	33134
	City)	33/34 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accent the obligations of the m	wition
	n una accept ine onigations of the po	51460/11
	6	20
	<u> </u>	
Symphice of New Reg	istered Agent, if changing	<u> </u>
Check if applicable		
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)), F.S.	
		47 27 77 77 77

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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 = 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 *F*. 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:**

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	Y	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
I) Change	_ <u>P_</u>	Pedri O. Rodriguez	1450 SW 73 PL.
Add			MIGHI, FL33144
K Remove	-		
2) Change	<u> </u>		LILLOI SIL 4 STREET
X Add		Califilero	MIGNI, FL 33134
Remove			
Add			
Remove			. <u></u>
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

r. <u>It amenum</u>	<u>g or adding additional Ar</u>	ticles, enter chang	<u>e(s) here</u> :		
(Attach addi	tional sheets, if necessary).	. (Be specific)			
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	dment provides for an exe				<u>es,</u>
provisions Of not	for implementing the am applicable, indicate N/4)	<u>nendment if not co</u>	ntained in the am	endment itself:	
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The date of each amendment(s) adoption:	JUNO 22, 2020, it other than the
date this document was signed.	
Effective date if applicable:	JUNE 22, 2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as t t of State's records.
Adoption of Amendment(s) ((CHECK ONE)
The amendment(s) was/were adopted by t action was not required.	the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval. SEE そんCiつSE(1 こうらどりす
The amendment(s) was/were approved by	
	y the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
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must be separately provided for each vor "The number of votes cast for the ar- by	y the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s): mendment(s) was/were sufficient for approval ////////////////////////////////////

(Title of person signing)