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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ANDIE'S, INC.						
DOCUMENT NUMBER: 462679							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corres	pondence concerning this ma	tter to the following:					
	Peter Signore, Jr.						
·		Name of Contact Person	1				
	Firm/ Company and Ave						
	Firm/Company 912 N.W. 132 and AVR Address Sunrise FL 333:25 City/State and Zip Code 40may 54 Q yahoo.com						
•	Yomay :	City/ State and Zip Code	o. com /				
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	concerning this matter, pleas	e call:					
Peter Signore, Jr.		at (954	300 8408				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment of State:				
\$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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301				

Articles of Amendment to Articles of Incorporation of

of	•
ANDIE'S, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
462679	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida 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 "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	912 N.W 132" AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	912 N.W 132 No Ave Sunkise, FL. 33325
	•
C. Enter new mailing address, if applicable:	212 113 12 2 AP ALL
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	912 NW 132" AUR Sunrise FL 333257
	Surrise TL 333257
	, m
	- - 20 3 F
D. If amending the registered agent and/or registered office addre	
new registered agent and/or the new registered office address:	
Name of New Registered Agent Straley 10 H	ο PA <u>Θ</u> Ε <u>Υ΄</u>
2.699 St. Fl	Ing Rd C-207
1	++
New Registered Office Address: + Laulerd	Gin Coda)
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	1. 10.101
Bignature of New Re	egistered Agent, if changing
/// 5 destous	7 mills

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 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>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u> 1ike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Peter Signore, III	45 SE 14 St
Add			Dana, Fl
X Remove			
2) Change	vs	Peter Signore, Sr.	210 SE ZNATERROE
X Add			Dania Fl
Remove			33004
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach	ding or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
•		
·		
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<u>fan a</u> Drovi	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself:	
(not applicable, indicate N/A)	
n-v		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
Effective date <u>if applicable</u> : (no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votinust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder
Dated 5-5-17 Signature	J.
(By a director, president or other officer - if d	
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Peter Signore, Jr.	
(Typed or printed name of	person signing)
President	
(Title of persor	signing)