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R. WHITE

TO: Amendment Section **Division of Corporations** 

DRUFTKI DORAYTH INC NAME OF CORPORATION:	
N15000001890 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
STEVEN LEVY	
(Name of Contact Po	erson)
GILMAN CIOCIA	
(Firm/ Company	y)
2875 NE 191 ST SUITE 601	
(Address)	
AVENTURA, FL 33180	
(City/ State and Zip	Code)
STEVEN.LEVY@GTAX.COM	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please call:	
STEVEN LEVY at	305 692-5204
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida I	Department of State:
\$\Bigsize \$\subset\$	Certificate of Status

**Mailing Address** 

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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15 JUL 16 AH 10:49

DRUFTKI DORAYTH INC		State 1781 4. 188
(Name of Corporation	as currently filed with the Flo	rida Dept. of State 10 322, 1 LORIDA
N15000001890		وقان
(Docum	ent Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicat	ble:	
(Principal office address <u>MUST BE A STREET Al</u>	<u>DDRESS</u> )	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
	<del></del>	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.	tered office address in Florida	a, enter the name of the
new registered agent and/or the new registers	eu office aduress.	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
N D	1	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agem		of the obligations of the position.
i nerce, accept the appointment as registered agen		and an
<del>-</del>	Signature of New Regi	istered Agent, if changing

## 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.

Example:  X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GARI GANI	1873 E 21 ST
Add			BROOKLYN, NY 11229
X Remove			
2) Change	VP	ARIK GONEN	2461 SW 58 MANOR DRIVE
X Add		-	FT. LAUDERDALE, FL 33312
Remove			
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			<del>-</del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
, , , , , , , , , , , , , , , , , , , ,	(

	e date of each amendment(s) a e this document was signed.	doption:	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated JUNE 30,	2015	
	Signature	D.#	
	have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	DAVID	HAYKOSHLER	
	<del></del>	(Typed or printed name of person signing)	
	PRESII	DENT	
	<u> </u>	(Title of person signing)	