

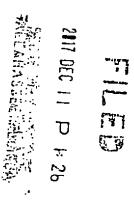
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## **COVER LETTER**

TO: Amendment Section
Division of.Corporations

4.4

NAME OF CORPORA	ATION: TONY'S DELIVE	RY INC.		
DOCUMENT NUMBE	ER: P02000029314			
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
1.	EONARDO MACIAS			
-		Name of Contact Person	- 1	
I	EONARDO MACIAS ACO	COUNTING SERVICES		
_		Firm/ Company		
1	1354 QUAIL ROOST DR			
_		Address		
М	MAMI, FL 33157			
_		City/ State and Zip Code	<u> </u>	
MACI	AS@LENYMAC.COM			
		sed for future annual report	notification)	
	·	·	,	
For further information of	concerning this matter, pleas	se call:		
LEONARDO MACIAS	;	305	233-4722	
Name of	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
S35 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)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

TONY"	2 151	 [37]	CID.	v	LXW	-
TOIST.	וכני		71.1	Ι.	1111	٠.

( <u>Name o</u>	f Corporation as currentl	y filed with the Florida De	pt, of State)	
P02000029314				
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendme	:nt(s) t
A. If amending name, enter the new na	me of the corporation:			
N/A			The new	,
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp," "Inc," or "	Co". A professional corpo	porated" or the abbreviation	1
B. Enter new principal office address, i	f applicable:	N/A		
(Principal office address MUST BE A ST				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
(	, , , , , , , , , , , , , , , , , , , ,			
D. If amending the registered agent and			ime of the	
new registered agent and/or the new	registered office address	<u>:</u>		
Name of New Registered Agent	N/A			
	(Florida str	vet address)		
New Registered Office Address:	N/A		. Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ered agent. I am familiar v	with and accept the obligation		
	Signature of New R	egistered 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 = Chairma: 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	<u>pŢ</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VD		JUAN OILO	3901 NW 79 AVE
Add				STE 239
X Remove				MIAMI,FL 33166
2) Change		_		
Add				<del>,</del>
Remove				
3 ) Change		<del></del>		
Add				<u> </u>
Remove				
4) Change		_		
Add				
Remove				<del>.</del>
5) Change				<del></del>
Add				
Remove				
6) Change		_		
Add				
Remove				

N/A	ttach additional sheets, if necessary). (Be specific)		
F. <u>If an</u> nros	an amendment provides for an exchange, reclassification, or cancellation rovisions for implementing the amendment if not contained in the amendment if not contained in the amendment.	on of issued share	<u>s.</u>
1	(if not applicable, indicate N/A)	Milette Historia	
	<del> </del>		
N/A			

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12 4 2017	
Signature	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Antonio Perez	
(Typed or printed name of person signing)	<del></del>
President -	
(Title of person signing)	- <del></del>