## P040006749

(Re	questor's Name)	
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AUG 2 6 2015

## COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Legacy	Donuts 6, Ixc.			
DOCUMENT NUMBER: POYOGO	066749			
The enclosed Articles of Amendment and fee are st	abmitted for filing.			
Please return all correspondence concerning this matter to the following:				
- LUISIT	O ZAMOS  Name of Contact Person			
	PONUTS 6 TNC.			
147-12	105th AVE . Address			
	Address			
JAMAIC	City/ State and Zip Code			
	City! State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LUISITO RAMOS	at ( 718 ) 8462371  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daysime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 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  Clifton Building  2661 Executive Center Circle			
Contraction which is the comment of	Tallahassee. FL 32301			

## Articles of Amendment to Articles of Incorporation

. . . .

Lesacy Do	o T of advise	
	progration as current	tly filed with the Florida Dept. of State)
	0859773	
1107000	<u> </u>	of Corporation (if known)
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name	of the corporation:	
NIA		The new
	i "Corp." "Inc." or	on." "company," or "incorporated" or the abbreviation " $Co$ ". A professional corporation name must contain the " $P.A$ "
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		147-12 105th Ave Jamaica, NY 11435
		Jamaica, by 11435
D. If amending the registered agent and/or		
new registered agent and/or the new re		ss:
Name of New Registered Agent	NA	
_	(Florida s	treet address)
New Registered Office Address:	NIA	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if change the appointment as registered		nt: with and accept the obligations of the position.
<del></del>	N/A	Registered 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: XChange	<u> 174</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
- 0			
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding			(s) here:				
(Attach additional sheets		Be specifici ,					
Article III	Purpose	·				····	
The purp	ose for al baked	which	the_	corpore	chon i	3 organ	ni <i>zeo</i>
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(if not applicable.					<del></del>		
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Effective date if applicable:  Ino 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 not be listed as document's effective date on the Department of State's records.	endment(s) adoption:, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	is signed.
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	licable:
	ino more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	nent(s) ( <u>CHECK ONE</u> )
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	r of votes cast for the amendment(s) was/were sufficient for approval
by	<u> </u>
(voting group)	(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.	
Signature  (By a director, president or other officer – if directors or officers have not been	mature Clar JUU
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
(Typed or printed name of person signing)	(Typed or printed name of person signing)
PRESIDENT (Title of person signing)	