P050000 16991

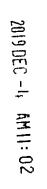
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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: DD'S BUTGETS INC.						
OCUMENT NUMBER: <u>P050000 699 </u>						
he enclosed Articles of Amendment and fee are submitted for filing.						
lease return all correspondence concerning this matter to the following:						
Zam Sian Sana Name of Contact Person						
DD'S BUCAORS IN C SFirm/Company						
210 LimestonE Cir Address						
City/ State and Zip Code						
Zam Sana To amail . Com E-mail address: (to boused for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person at (850) 687 2690 Area Code & Daytime Telephone Number neclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P0500016991	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
_ N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DD'S Burgers inc 2547 5 Ferdon Blud
	Crestice w.FC 32536
	210 Limestone Cir
	Crestview.Fl 32539
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses.	<u>ss:</u>
Name of New Registered Agent Zam Sian 210 Lime of	Sang
210 Limest (Floridas	treet address)
New Registered Office Address: Crestview	(City) Florida 3.7.5 35 (City) (277)
	4-03
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position
	. rt. P
Signature of New	Revistered Avent 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	<u>PT</u> Jol	n Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>OTE</u>	TheresoR Shoubaki	6150 EVERGREEN PKW. Crestview, FL 32539
Add			Crestview, FL 32539
X_ Remove			
2) Change	PSTD	Zamsian Sang	Crestview FL3255
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sh	ling additional Articl heets, if necessary).	(Be specific)	<u>re(s) nere;</u>			
N/A						
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						<u> </u>
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f an amendment n	rovides for an exchai	nge reclassifie	ition or cance	llation of issue	d charac	
provisions for imp	lementing the amend	lment if not co	ntained in the	amendment itse	elf:	
	ole, indicate N/A)					
12	-	-			 .	
				<u> </u>		
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The date of each amendment(s) adoption: 12/0//2019 date this document was signed.	, if other than
Effective date if applicable: 12/01/2019 (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 wi document's effective date on the Department of State's records.	
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	
Signature P	
(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)	_
Zam Sign Sana	
Zam Sign Sqna (Typed or printed name of person signing)	
President	
(Title of person signing)	

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