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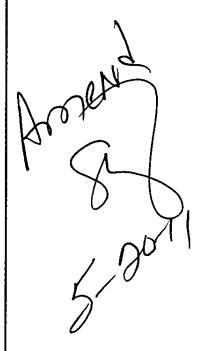
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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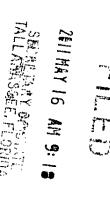




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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORP | ORATION: | TED'S INDE | PENDENT | DELIVE | ERY, INC |
|--|---|-----------------------------|--|--------------|--|
| DOCUMENT NUMBER: | | | P060000 | 65217 | |
| The enclosed Article | <i>les of Amendment</i> an | d fee are submitt | ed for filing. | | |
| Please return all con | rrespondence concerr | ning this matter to | the following | : | |
| _ | | LIVAN PA | | | |
| | | Name of Con | act Person | | |
| - | ······································ | Firm/ Co | mpany | | name and a second contract the second contract |
| _ | 8204 C | RYSTAL CLEA | ······································ | 1000 | |
| | | Addre | :ss | | |
| - | | ORLANDO, City/ State and | | <u>.</u> | <u> </u> |
| | E-mail address: (to | o be used for future | annual report noti | fication) | |
| For further informa | tion concerning this r | natter, please cal | 1: | | |
| | AN PAMPILLO | at (_ | 407) | | 6-9904 |
| Name o | of Contact Person | | Area Code & Da | aytime Telep | ohone Number |
| Enclosed is a check | for the following am | ount made payab | le to the Florid | la Departn | nent of State: |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Statu | s Cer | 3.75 Filing Fee & rtified Copy Iditional copy is en | | ☐ \$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 | | Amer Divis Clifto | et Address: ndment Section sion of Corpora on Building Executive Cen | tions | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

TED'S INDEPENDENT DELIVERY, INC

THE AM S. IS

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000065217

(Document Number of Corporation (if known)

wing

| | N/A | | The ne |
|--|--|---|------------------------|
| ame must be distinguishable and conta bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," " | the designation "Con | rp," "Inc," or "Co". A pro | ofessional corporation |
| Enter new principal office address, if a | | <u>N/A</u> | |
| Principal office address <u>MUST BE A STR</u> | <u>EET ADDRESS</u>) | | |
| | | | |
| | | | |
| . Enter new mailing address, if applica | | | |
| - (Mailing address MAY BE A POST OF | FICE BOX) | N/A | |
| (Mailing address <u>MAY BE A POST OF</u> | FICE BOX) | N/A | |
| (Mailing address <u>MAY BE A POST OF</u> | <i>FICE BOX</i>) | N/A | |
| | - | | e name of the |
| | or registered office a | address in Florida, enter the | e name of the |
| . If amending the registered agent and/o | or registered office a | address in Florida, enter the | e name of the |
| . If amending the registered agent and/onew registered agent and/or the new recommendation and the new | or registered office a egistered office addi | address in Florida, enter the | e name of the |
| . If amending the registered agent and/onew registered agent and/or the new recommendation and the new | or registered office a egistered office addi N/A | address in Florida, enter the | e name of the |
| . If amending the registered agent and/o new registered agent and/or the new remains and the new registered Agent: | or registered office a egistered office addi N/A | nddress in Florida, enter the ress: a street address) | |
| . If amending the registered agent and/o new registered agent and/or the new remains and the new registered Agent: | or registered office a egistered office addi N/A | nddress in Florida, enter the ress: a street address) | e name of the |

Page 1 of 3

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---|---|----------------------------------|
| <u>P</u> | ARISTIDES SANTIAGO | 8158 TOXLER DR ORLANDO FL 32825 | |
| <u>\$</u> | MARY I RIVERA | 8158 TOXLER DR ORLANDO FL 32825 | □ Add ☑ Remove |
| | | | |
| N/A | | | |
| | , | | |
| provisio | nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A) | eclassification, or cancellation of if not contained in the amendment | of issued shares, ent itself: |
| N/A | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: 05/11/2011 |
|--|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed 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) |
| | (voting group) |
| The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| DatedSignature | distil Lat |
| (By seld | a director, president or other officer—Il directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | ARISTIDES SANTIAGO |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |