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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BENNYS BADA BING INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOR M. VERDI Name of Contact Person VERDI ASSOCIATES GROUP, INC. Firm/ Company 312 E. VENICE AVENUE SUITE 203 Address VENICE, FLORIDA 34285 City/ State and Zip Code vicverdi@comeast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (732) 829-8397
Area Code & Daytime Telephone Number VICTOR M. VERDI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

BENNYS BADA BING INC.		
(Name of Corporation as	currently filed with the Florida Dept. of State)	
P09000020960		
(Document N	fumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new name of the corpora	<u>ation:</u>	
	The new	
	rporation," "company," or "incorporated" or the abbreviation are," or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17 JUN 19 PH 3: 0	T
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		1
Name of New Registered Agent		
	lorida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	familiar with and accept the obligations of the position.	
Signature of	of New 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: <u>X</u> Change	<u>PT</u> <u>John</u>	Doe		
X Remove	<u>V</u> <u>Mike</u>	<u>V</u> <u>Mike Jones</u>		
X Add	<u>SV</u> <u>Sally</u>	¿ Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	THOMAS CARARO	1500 WEST NEPONSIT DRIVE	
Add			VENICE, FLORIDA 34293	
X Remove				
2) Change	TREAS	DANA CARARO	1500 WEST NEPONSIT DRIVE	
Add			VENICE, FLORIDA 34293	
X Remove				
3) Change	SECY	ANN MARIE CARARO	1500 WEST NEPONSIT DRIVE	
Add			VENICE, FLORIDA 34293	
X Remove				
4)Change	TREAS	BENEDICT CARARO	1500 WEST NEPONSIT DRIVE	
XAdd			VENICE, FLORIDA 34293	
Remove				
5) Change				
Add			<u></u>	
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary)	i <mark>cles, enter change(s) here</mark> : (Be specific)
N/A	(A. A. A
C. If an amondment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) a	deption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
06/19/17 Dated		
Signature	Frances L. Casaso	
selecto	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	FRANCES L. CARARO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	