P0900043698

(Requestor's Name) (Address)	900163708	3029
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Tori's Big Burger, Inc	
DOCUMENT NU	T NUMBER: P0900043698		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	s matter to the following:	
	-	mothy P. Deegan	
	٨	ame of Contact Person	
	Time	thy P. Deegan, CPA	
		Firm/ Company	
	9200 NW 36th Place, Suite A		
		Address	
	Gain	esville, Florida 32606	
		ty/ State and Zip Code	
	E-mail address: (to be use	gan1@aol.com I for future annual report notification)	
Ear fauthar infama			
For further inform	ation concerning this matter,	•	
Nama	Tim Deegan of Contact Person	at (
rvame	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount n	ade payable to the Florida Department of State:	
[1\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is	
Mailing Address Amendment Section Division of Corporations		Street Address	
		Amendment Section	
		Division of Corporations	
P.O. Box 6		Clifton Building	
Lallahassed	FI 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

2009 DEC 21 PM 1:49 FALCOSE TARY OF STATE State State		FILED
TALE SEATARY OF STATE	2009 DE	ັ _ໄ າ.
state) STATE	FALL SET	ARV 1:49
- LONIE	State)	SSEE, FLORIO

Tori's Big Burger, Inc (Name of Corporation as currently filed with the Florida Dept. of S P09000043698 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	ff's Big Burger,			_The n
ame must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," '	the designation	"Corp," "Inc,"	or "Co". A professional c	ed" or i orporati
3. Enter new principal office address, if Principal office address <u>MUST BE A STR</u>		<u>N/A</u>		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	FFICE BOX)	N/A		- - -
 If amending the registered agent and/ new registered agent and/or the new registered. 			lorida, enter the name of t	<u>he</u>
Name of New Registered Agent:	N/A			
•	N/A			
New Registered Office Address:	(F!	lorida street add	ess)	
	N/A		, Florida	
		ty)	(Zip Code)	

Signature of New Registered Agent, if changing

	litional sheets, if necessary)		<u>ed:</u>
<u>Γitle</u>	<u>Name</u>	Address	Type of Action
	2 1 2 2		
<u>VP</u>	Victorin Galland	17460 NE 37-16 CT	DAdd
•		CITTA FC 3CITS	☑ Remove
			Remove
provis		ge, reclassification, or cancellation tent if not contained in the amendm	
provis (if	ions for implementing the amendm		
provis (if	ions for implementing the amendm		
provis (if	ions for implementing the amendm		
provis (if	ions for implementing the amendm		

The date of each amendmen	t(s) adoption: December 17, 2009
Effective date if applicable:	(date of adoption is required) December 17, 2009
	(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) vere 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	s 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
Dated Dec	Don Bonson
(B ₂	y a director, president or other officer – if 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)
	Don Bowen
	(Typed or printed name of person signing)
	President
	(Title of person signing)