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NAME: DOZZIE ENTERPRISES, CORP

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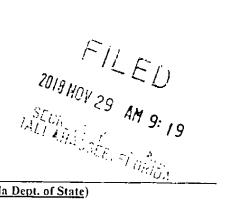
COVER LETTER

TO: Amendment Section ... Division of Corporations

NAME OF CORPORATION:	ZZIE ENTERPRISES, CORP
	033489
The enclosed Articles of Amendme	t and fee are submitted for filing.
P! ase return all correspondence co	cerning this matter to the following:
DORIS MEI	NA
	Name of Contact Person
<u> </u>	Firm/ Company
6100 JOHNS	ON ST SUITE A
	Address
HOLLYWO	O FL 33024
•	City/ State and Zip Code
DOZZYCORP@G	AIL.COM
E-mail a	ress: (to be used for future annual report notification)
For further information concerning the	s matter, please call:
DORIS MEDINA	at (954) 667-5190 Area Code & Daytime Telephone Number
Name of Contact Pers	Area Code & Daytime Telephone Number
Enclosed is a check for the following	mount made payable to the Florida Department of State:
	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DOZZIE ENTERPRISES, CORP

	tly filed with the Florida Dept. of State)	
P10000033489	ay med with the Florida Dept. of State)	
(Document Number of	of Corporation (if known)	
dursuant to the provisions of section 607.1006, Florida Statutes, this	, , ,	
s Articles of Incorporation:	Froma From Corporation adopts the following amendment	
If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporatio	The new	
Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "ord "chartered." "professional association." or the abbreviation	'Co". A professional corporation name must contain the	
Enter new principal office address, if applicable:	6100 JOHNSON ST SUITE A	
Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33024	
	_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	COMMUNITY CONSUMERS GROUP	
·	6100 JOHNSON ST SUITE A	
	HOLLYWOOD, FL 33024	
If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
DODIS MEDINA		
Name of New Registered Agent		
	: A	
6100 JOHNSON ST SUITE		
(Florida stree	,	
(Florida stree New Registered Office Address:	city) , Florida 33024 (Zin Code)	

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 Executiv 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>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	-
Type of Action (Check One)	Title	<u>Name</u> .	<u>Addres</u> s
1) X Change	PRES	DORIS MEDINA	3984 SW 157th Avenue
Add			Miramar, FL 33027
Remove			
2) Change	. — _		
Add	<u>.</u>		
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
(i) Change		·	
Add			
· Remove			

 If amending or adding a (Attach additional sheets. 	if necessary). (Be	specific)			
Number of shares of the corp	oration shall be 1,00	00 no par value			
•		ji			
				 	
					
					
					
	<u> </u>				
····					
		•			
					·
			·		
If an amendment provides	for an exchange, r	eclassification, o	r cancellation of i	ssued shares,	
provisions for implement (if not applicable, indi	ng the amendment	if not contained	in the amendmen	t itself:	
(y noi appacaoie, inci A	Me (WA)				
			· · · · · · · · · · · · · · · · · · ·		<u> </u>
			_		
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		-	.	-	

_	November 26, 2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
· ·	(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 will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amenument(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, _	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
11/26/2018		
. Dated		
	10/1/ 6	
Signature	A// 10de	
	reetor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
	DORIS MEDINA	
-	(Typed or printed name of person signing)	
1	president	
-	(Title of person cigning)	