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SECRETARY OF STATES
TALLAHASSEE FLOBIES



TO: Amendment Section Division of Corporations

NAME OF CORPORATION	JB Pretzel Compar	1y		
DOCUMENT NUMBER: P	11000074099			
The enclosed Articles of Ame	ndment and fee are su	bmitted for fili	ng.	
Please return all corresponden	ce concerning this ma	tter to the follo	wing:	
Bernar	lo Abend			
		Name of Co	ntact Persor	1
JB Pres	zel Company			
		Firm/ C	Company	
1294 C	hinaberry Drive			
		Ade	dress	
Westor	, FL 33327			
		City/ State a	ınd Zip Code	
abendparts77	7@msn.com			
E-	nail address: (to be us	sed for future a	nnual report	notification)
For further information concer	ning this matter, pleas	se call:		
Bernardo Abend		at (754	246-0598
Name of Conta	ct Person	,	Area Co)de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made 1	payable to the I	Florida Depa	rtment of State:
	43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JB Pretzel Company	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P11000074099	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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 "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1294 Chinaberry Drive
	Weston, FL 33327 필요 교
	0RD 3E
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>\$\$:</u>
N/A Name of New Registered Agent	-
(Florida s	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familian	
Signature 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	P	Jay Zwerdling	18900 SW 33RD Court
Add			Miramar, FL 33029
X Remove			
2) Change	VP	Maria Calandriello	1294 Chinaberry Drive
X Add			Weston, FL 33327
Remove			
3) X Change	P	Bernardo Abend	1294 Chinaberry Drive
Add			Weston, FL 33327
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	tional sheets, if necess	ary). (be specifi	<i>(C)</i>			
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an amana	dmont provides for a	n avchanga racia	ccification or can	nallation of iceus	d charge	
provisions	dment provides for a for implementing the	e amendment if n	ot contained in th	ne amendment itse	elf:	
(if not	applicable, indicate N	I/A)				
						4.0
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The date of each amendment(s) a date this document was signed.	doption:, if other than th
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	plock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
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) officient for approval.
	proved by the shareholders through voting groups. The following statement 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/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
08/15/201 Dated	
(By a c	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Bernardo Abend
	(Typed or printed name of person signing)
	President
	(Title of person signing)