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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	DOUKAE	INC		
DOCUMENT NUMBER:		·		
The enclosed Articles of Amena	Iment and fee are submitted	d for filing.		
Please return all correspondence	concerning this matter to	he following:		
	Nicole S	∩ee ∩ ne of Contact Perso		
	Nai	ne of Contact Perso	n	
		Firm/ Company		
	Blumaton M	N = 5542		
	City	// State and Zip Cod	e	
E-m	brandon, Mark ail address: (to be used for	io junk-K future annual report	notification)	
For further information concern	ing this matter, please call:			
Jusica Composib		ar (<u>6/2</u>) 716 - 0844 ode & Daytime Telephone Number	
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made payable	e to the Florida Depa	artment of State:	
	rtificate of Status Co	(3.75 Filing Fee & ertified Copy dditional copy is nelosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add			Address Iment Section	
Amendment Section		Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(F)

Dox	JKAE INC.
(Name of Corporation	as currently filed with the Florida Dept. of State)
PIS 6000 63586	
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A projessional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS()
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mutting dutiess MAT DE AT OST OFFICE DO.)	
	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
	am familiar with and accept the obligations of the position.
	ure 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	<u>:</u>		
X Remove	<u>V</u>	Mike Jon	ies		
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>	<u>:</u>	<u>Name</u>		Address
1) Change	D		Jessica	Martin	10752 107th Pl. N Maple Grove Mrs 5536°
Add Remove					Maple Grove Mr SS36°
2) Change Add					
Remove 3) Change					
Add					
4) Change Add					
Remove					
5) Change Add			-		
Remove					
6) Change					
Remove					

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-	
	
	
f an amendment provides for an exchan	ige, reclassification, or cancellation of issued shares,
provisions for implementing the amend	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/15/15	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
Brandon Martin	
(Typed or printed name of person signing)	
President / Director (Title of person signing)	
(Title lof person signing)	