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(Bu	siness Entity Name)	
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Certified Copies	_ Certificates of	Status!
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Special Instructions to	Filing Officer:	\\
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S. YOUNG

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FILED

SECRETARY OF STATE

ALLAHASSEE FI ORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	is Galore Irc.
	29768
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	ubmitted for filing.
Please return all correspondence concerning this n	atter to the following:
Michael	Rudd
	Name of Contact Person
Donuls Ga	Norc Inc.
	Firm/ Company
217 Gler	Address
	Address
Deligan	F1. 32713
- 3337	City/ State and Zip Code
Mrude 1906	P Yanco Com- used for future annual report notification)
E-mail address. (10 oc	disco for ratale annual report notification)
For further information concerning this matter, ple	ase call:
Michael Rudd	at (386) 479 9542 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	 e payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Donuts Gald	re Inc	•	
(Name of Corpo	ration as currently fi	led with the Florida Dept. of State)	
	1700002976	8	
(D	ocument Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the for	lowing amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co	". A professional corporation name	the abbreviation
B. Enter new principal office address, if applie	 pable:		. <u>.</u>
(Principal office address MUST BE A STREET		202 (1. 11)	
	-	217 Glen Abbey Lan Debary Fl. 32713	<u> </u>
C. Enter new mailing address, if applicable:		'	
(Mailing address MAY BE A POST OFFICE	5. <i>BOX</i>)		<u> </u>
	1	217 (1000 1/16)	· 14
	-	217 Clem Abbry La Debany Fl. 32713	· · · · · · · · · · · · · · · · · · ·
	!	Debany Fl. 32713	
D. If amending the registered agent and/or rej	 alstored office address	in Florida, enter the name of the	制 8 丁
new registered agent and/or the new regist		THE FOR IDEA CHICK THE HAME OF THE	LE 28
Name of New Registered Agent	<u> </u>		里口
		333333333	<u> </u>
	(Florida street	address)	
New Registered Office Address:		, Florida	
	(Ci	<u> </u>	(Zip Code)
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered ag	ent. – Lam familiar with 	and accept the obligations of the pos	ition.
	Signature of New Peer	istered Agent, if changing	
	Signature of New Kegi	метен лует, у спануту	
	1		

				a name of cach on	terran ector being removed and title, name, and
address of each Officer			aaea: 		
(Attach additional sheets, Please note the officer/dir			 ter of the offic	e title:	
r tease note the officerian D = Provident: V= Vice I	ecioi iun Pravidant	e by the just led • T= Trensure	! S= Secretor	e inie. w D= Director: TR	R= Trustee: C = Chairman or Clerk: CEO = Chief
Frantina Officer: CEO :	resident = C'biot F	inancial Offic	r If an offic	erldirector holds m	ore than one title, list the first letter of each office
held. President, Treasurer	r Directo	or would be PT	D.		
Changes should be noted	in the fol	llowing mannel	Currently Je	ohn Doe is listed as	the PST and Mike Jones is listed as the V. There is
a chanve. Mike Jones lea	ves the co	orporation, Sal	ly Smith is nat	ned the V and S. Th	uese should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove,					
Example:		·	İ		
X Change	<u>T9</u>	John Doe			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u> </u> <u>e</u> 		<u>Addres</u> s
1) Change	CFO	Ke	sic A	<u>v: 19</u>	1521 Conley Way Conley GA. 30288
X Add					Conley GA. 30288
Remove					
2) Change					
2) Change		_			
Add Remove					
3) Change					
Add					
					-
Remove		ı			
4) Change					
Add					
Remove					
5) Change					
Add	-				
Remove					
6) Change			_		
Add					

__ Remove

. If amending or adding additional Articl	les, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
-	
<u></u>	<u> </u>
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, described in the amendment itself:
(if not applicable, indicate N/A)	
	1
Michael Rude	35 %
Maric Rude	35 %
Kelsic huila	36 %
-	
	<u> </u>

The date of each amendment(s) adoption:	8-21-17	, if other than the
date this document was signed.		
Effective date if applicable:	8-21-17	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will tate's records.	Il not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) proval.	
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following statement	
"The number of votes cast for the amend	 ment(s) was/were sufficient for approval 	
by		
(voti)	ig group)	
action was not required. The amendment(s) was/were adopted by the in action was not required.	oard of directors without shareholder action and shareholder	
Dated 8-21-17	 	
Signature My		
(By a director, preside	dent or other officer - if directors or officers have not been	
selected, by an incor appointed fiduciary	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
W	charl Rud	
(7	Typed or printed name of person signing)	
	Tres' dent	
	(Title of person signing)	