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AUG 1 7 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: KLIGFELD INC DOCUMENT NUMBER: P17000065626 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL K FISH Name of Contact Person MICHAEL K FISH CPA PA Firm/ Company 7700 N KENDALL DR SUITE 405 Address MIAMI, FL 33156 City/ State and Zip Code MIKE@MKFISHCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 279-8484

Area Code & Daytime Telephone Number MICHAEL K FISH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KLIGFELD INC	
(Name of Corporation as currently filed with the F	florida Dept. of State)
P17000065626	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
DOUBLE CHAI INC	The new
name must be distinguishable and contain the word "corporatio "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
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:	
(Muiling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	Iress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	, Florida
(City	(Zip Code)
N. D. C. L. C.	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
			
2) Change Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amen</u> (Attach)	nding or adding additional Ar additional sheets, if necessary)	ticles, enter chang . (Be specific)	ge(s) hore:		
N/A	·				
					
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F. <u>If an a</u>	mendment provides for an ex	change, reclassific	cation, or cancella	tion of issued shar	es.
provi:	sions for implementing the an if not applicable, indicate N/A)	<u>nenament it not co</u>	ontained in the am	<u>ienament itsen;</u>	
N/A	The approximation of the second control of t				
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______, if other than the The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: the more than 90 days after amendment file dates Adoption of Amendment(s) (CHECK ONE) The amendmentist wasdwere adopted by the shareholders. The number of cotes cast for the amendmentist 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 reproutely provided for each votory group entitled to vote separately on the amendments of "The number of votex cast for the amendmentry) wastwere staffwent for approval (Veting vecup) ▼ The amendmentis) wastwere adopted by the board of directors without shareholder action and shareholder. action was not required. I he amendmentis) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated_08/05/2017 Signature (By a director, president or other officer - it directors or officers have not been selected, by an incorporator - it in the hands of a receiver, trestee, or other court appointed fiduciary by that fiduciary). LESLIE MERCHANT (Typed or printed name of person signing) PRESIDENT (Title of person signing)