P14 000037939

(Requestor's Name)	
(Address)	
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(Ch. (Chara II in 10h ann 10	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
	
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Special Instructions to Filing Officer:	
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COVER LETTER

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TO: Amendment Sect Division of Corpo		•		THE STATE OF THE S
NAME OF CORPOR	RATION: DK OF ORLAND	O INC		5
DOCUMENT NUME				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	DHARMESH PATEL			
		Name of Contact Person	n	
	DK OF ORLANDO INC			
		Firm/ Company		
	2528 INTERLOCK DR			
		Address		
	KISSIMMEE, FLORIDA , 3	4741		
		City/ State and Zip Cod	e	
DHA	RMESH6@HOTMAIL.COM	1		
	E-mail address: (to be us	sed for future annual report	notification)	-
For further information	n concerning this matter, pleas	se call:		
DHARMESH PATEL		407 at (301-6030	
Name of Contact Person		Area Co	de & Daytime Telephone Ni	umber
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

of .

DK OF ORLANDO INC

(Name of Corporati	ion as currently filed with the	Florida Dept. of State	
P19000037939		. •	TO TO
(Docur	nent Number of Corporation (if	known)	3
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit C</i>	orporation adopts the fol-	lowing amondme
A. If amending name, enter the new name of the co	orporation:		·
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Ire," or "Co". A profess		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		·-·	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
D. If amending the registered agent and/or registenew registered agent and/or the new registered		enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(Ciţy)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		he obligations of the posi.	tion.
	ature 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, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DHARMESH PATEL	2528 INTERLOCK DR
X Add			KISSIMMEE FL 34741
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

Attach additional	sheets, if necessary)	. (Be specific,)			
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<u>f an amendment</u>	provides for an exc	<u>change, reclass</u>	<u>ification, or cancel</u>	<u>lation of issued sh</u>	ares,	
	plementing the an	<u>iendment if not</u>	contained in the a	mendment itself:		
(if not applic	able, indicate N/A)					
						
						
				- · · ·		

The date of each amendment(s) ad	option:	, it other than t
date this document was signed.	, ,	
Effective date <u>if applicable</u> :	06/01/2019	
Ellective date <u>ir applicable</u> .	tno more than 90 days after amendment fil	e date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for t fficient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The focach voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
action was not required.	pted by the board of directors without shareholder action pted by the incorporators without shareholder action and	
action was not required.		
Dated	7/5/2019	
selected	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary)	
upperm.		
	KAMLESH PATE	
	(Typed or printed name of person signing)	
	Pacillet	
	(Title of person signing)	