P20 000049695

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2020 AUG 31 AM 8: 21 SECRETARY OF STATE



COVER LETTER

TO: Amendment Section

Division of Cor	porations			
NAME OF CORPO	DRATION: BURGER APP IN	AC		
	1BER: P20000049695			
The enclosed Article	s of Amendment and fee are si	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	CARLOS A HERNANDEZ			
		Name of Contact Perso	on .	
	BURGER APP INC			
		Firm/ Company		
	11469 SW 253 ST			
		Address		
	HOMESTEAD FL 33032			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Coc	le	
	earlosainye@gmail.com			
	E-mail address: (to be us	sed for future annual repor	notification)	
For further information	on concerning this matter, pleas	se call:		
CARLOS A HERNA	NDEZ	at (<u></u>	308-6197	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
· · · · · · · · · · · · · · · · · · ·	iling Address		Address	
	endment Section ision of Corporations	Amendment Section		
	. Box 6327		n of Corporations entre of Tallahassee	
Tallahassee, FL 32314			N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BURGER APP INC	2020 AUG 3 AM 8: 2
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P20000049695	SECRETARY OF STATE
(Docume	ent Number of Corporation (if known) TALLAHASSEE. FL
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	peration:
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered	d office address in Florida anter the name of the
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
(4	ure of New Register of Agent, if changing
Signatu	rre of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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	VP	LEYDI J GONZALEZ	11469 SW 253 ST
Add			HOMESTEAD FL 33032
X Remove			
2) Change		MARIA T PALLAIS	11469 SW 253 ST
Add			HOMESTEAD FL 33032
X Remove 3) Change			
Add			
Remove			and the same of th
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach adamonai si	heets, if necessary). ((Be specific)				
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an amendment p	rovides for an exchange	ge, reclassification	on, or cancellatio	n of issued shares	<u>i</u>	
if not applical:	olementing the amendible, indicate N/A)	ment it not conta	uned in the amen	dment itself:		
	,					
						
						-
			<u></u>			

	. 08/25/2020
The date of each amendme	
date this document was sign	
Effective date if applicable	08/25/2020
Encente date in applicable	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s	(<u>CHECK ONE</u>)
The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and shareholder
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vo	es cast for the amendment(s) was/were sufficient for approval
bv	···
·····	(voting group)
087. Dated Signature	5/2020 Cand Cus
	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)
	CARLOS A HERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)