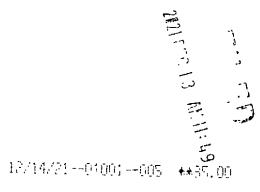
P21000041639

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. (Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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DEC 14 2021 I ALBRITTON RECT 15 PM 3: 21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing Certificate of Status			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search			Officer Search
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Walk-In Will Pick Up Courier		D	UCC 11 Search
	name	Date Time	UCC 11 Retrieval
			Courier

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: ULET PHILLY CH	IEESESTEAKS	S, INC	·
DOCUMENT NU	MBER: P21000041639			
The enclosed Artic	les of Amendment and fee are sub	omitted for filin	g.	
Please return all co	rrespondence concerning this mat	ter to the follov	ving:	
	Romy B. Jurado			
		Name of Co	ntact Person	
		Firm/ Co	ompany	<u> </u>
	12955 Biscayne Blvd.			
	<u> </u>	Add	ress	
	North Miami, Fl 33181			
		City/ State ar	nd Zip Code	
	romy@jflawfirm.com			
	E-mail address: (to be us	ed for future an	nual report n	otification)
For further informa	tion concerning this matter, pleas	e call:		1
Romy B. Jurado		at (305	921-0440
Nan	ne of Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the F	lorida Depar	tment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Fili Certified Co (Additional enclosed)	ору	Certificate of Status Certified Copy (Additional Copy is enclosed)
7 13 P	Iailing Address onendment Section Division of Corporations O. Box 6327 allahassee, FL 32314		Division The Cer 2415 N.	ddress ent Section of Corporations ntre of Tallahassee Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

ULET PHILLY CHEESESTEAKS, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P21000041639	1	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must c	viation "Corp.,"
B. Enter new principal office address, if applicable:	851 NE 1st Ave	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit 1610	187
	Miami, Fl 33132	- 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		202 DEC 13 MILL 49
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida sti	reet address)	
New Registered Office Address:	(City) , Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the posi	tion.
Signature of New R	Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed oursuant to s. 607 0120 (11)		

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 Doc	
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
i) Change			
Add		,	
Remove			
2) Change			
Add			
Remove			
Add			
Remove			
4) Change			
Add		· —	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		T.	
			· ·
f an amendment provides for an exc provisions for implementing the anu	hange, reclassification, or	r cancellation of issued st	iares,
(if not applicable, indicate N/A)	enument ii not containeu	in the amendment usen.	
<u> </u>			· · ·

interest in the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be occument's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholders was/were sufficient for approval. The amendment(s) 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	ther than th	ate of each amendment(s) adoption: if
tet: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be comment's effective date on the Department of State's records. doption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholders was not required. 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) 12/3/2021 Dated Signature (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) Zaire Glover (Typed or printed name of person signing)		
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. doption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required. 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) [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) Zaire Glover (Typed or printed name of person signing)		ive date if applicable:
CHECK ONE The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required. 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		(no more than 50 trays the americanon fue actor)
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action was not required. 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) 12/3/2021 Dated (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) Zaire Glover (Typed or printed name of person signing)		ion of Amendment(s) (CHECK ONE)
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(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) Zaire Glover (Typed or printed name of person signing)		Dated
(Typed or printed name of person signing)		(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
		Zaire Glover
Precident		(Typed or printed name of person signing)
Treston.		President
(Title of person signing)		(Title of person signing)