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A FIFT TO

COVER LETTER

O: Amendment Section Division of Corporations

SAME OF CORPOR	RATION:	N CUSINE INC	<u> </u>
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Akshay Dave		
		Name of Contact Persor	1
	A+ Accounting & Tax		
		Firm/ Company	
	P O Box 372		
		Address	
	Brandon FL 33509		
		City/ State and Zip Code	:
	tax4002@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Akshay Dave		813 at (381-3809
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PEPPERS INDIAN CUSINE INC

FILED

(Name of Corporation	as currently filed with the Florid	da Dent-of-State	9 PH 2: 11.
P23000074549		, .	J 11: 2-14
(Documer	nt Number of Corporation (if know	/n)	- 2 141E
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:			
. If amending name, enter the new name of the corp	oration:		
			The new
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp," "Inc," o chartered," "professional association," or the abbrevio	or "Co". A professional corpor		previation "Corp.,"
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR.</u> 	ESS)		
	·		
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
. If amending the registered agent and/or registered		the name of the	
new registered agent and/or the new registered off	nce address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
ivew Registered Office Address.	(City)	, i torida_	(Zip Code)
ew Registered Agent's Signature, if changing Regist			
herehy accept the appointment as registered agent. I a	ım familiar with and accept the ob	ligations of the po	sition.
Signatu	ure of New Registered Agent, if cha	maina	
Signatu	се од нев педіменей Адені, у сна	inging	
heck if applicable			
The amendment(s) is/are being filed pursuant to s. 60°	7.0120 (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)

Example:

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		Jenilda B Fernandes	6605 S Kissimmee St
Add				Tampa FL 33616
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<u></u>	_ _		
Add				
Remove				

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The date of each amendment(s) adoption late this document was signed.	:, if other than the
Ž	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do locument's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement of the 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)
	(voting group)
Dated	ma Noselan
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
Laisan	nma Jospeh
	(Typed or printed name of person signing)
Preside	ent
	(Title of person signing)