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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BRITT'S CAFE, INC. DOCUMENT NUMBER: P97000108412 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Todd Sitte Name of Contact Person Owner- Britt's Cafe, Inc. Firm/ Company 3662 Harden By Address Lakeland, FL 33803 City/ State and Zip Code tddsitte@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863) 529-1316

Area Code & Daytime Telephone Number **Todd Sitte** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **¼\$**43.75 Filing Fee & □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

| Britt's Cafe, Inc. | | | رح |
|--|--------------------------------|--------------------|--|
| (Name of Corporation a | s currently filed with the F | orida Dept. of Sta | nte) |
| P97000108412 | | | |
| (Docume | nt Number of Corporation (i | `known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this A | Florida Profit Cor | poration adopts the following amen |
| A. If amending name, enter the new n | ame of the corporation: | | |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or " | Co". A profession | The r "incorporated" or the abbrevia nal corporation name must contain |
| B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u> | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3662 Har | den Bv |
| | | Lakeland | FL 33803 |
| D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent | | | er the name of the |
| wame of New Registered Agent | 4123 Winding V | ine Dr | |
| | | et address) | |
| | (Proriau sire | | |
| New Registered Office Address: | Lakeland | | _, Florida 33812 |

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) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change Add Remove | <u>P</u> | Todd Sitte | 4123 Winding Vine Dr Lakeland FL 33812 |
| 2) Change Add Remove | V | Carla Sitte | 4123 Winding Vine Dr Lakeland FL 33812 |
| Change Add Remove | PT | Cynthia Sitte | 3115 Highlands Lakeview Cir Lakeland FL 33812 |
| 4) Change Add Remove | | <u> </u> | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exchange the amen | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nument is not contained in the amendment statis. |
| I/A | |
| | |
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| | |

| The date of each amendment(s) adoption: 01/09/2012 | | | | |
|--|--|--|--|--|
| Effective date <u>if applicable</u> : | \ | | | |
| | (no more than 90 da | ys after amendment file date) | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were a by the shareholders was/were | | nber of votes cast for the amendment(s) | | |
| | pproved by the shareholders through or each voting group entitled to vote | voting groups. The following statement separately on the amendment(s): | | |
| "The number of votes ca | st for the amendment(s) was/were sur | fficient for approval | | |
| by | (voting group) | | | |
| | (voting group) | | | |
| The amendment(s) was/were a action was not required. | dopted by the board of directors with | nout shareholder action and shareholder | | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators without | shareholder action and shareholder | | |
| Dated | 1.9.20, | | | |
| Signature | director, president or other officer | if directors or officers have not been | | |
| | | nds of a receiver, trustee, or other court | | |
| appo | inted fiduciary by that fiduciary) | | | |
| | Todd Sitte | | | |
| | (Typed or printed name | e of person signing) | | |
| | Owner/President | | | |
| | (Title of person sign | ning) | | |