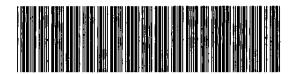
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(Address)	
(Address)	
(City/State	e/Zip/Phone #)
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SECRETARY OF STATE
SALE AHASSEE FLORID

Amend Thewis 5-5-11

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, TO? Amendment Section
Division of Corporations

NAM	E OF CORPORATION:	TORTELLINI & CO., INC.
DOCUMENT NUMBER:		P07000027428
The er	nclosed Articles of Amendment and t	fee are submitted for filing.
Please	return all correspondence concernin	g this matter to the following:
	BR	OEKER, DOUGLAS C ESQ
		Name of Contact Person
	SWEETA	PPLE, BROEKER & VARKAS, PL
		Firm/ Company
	7	77 BRICKELL AVE #600
		Address
		MIAMI, FLORIDA 33131
		City/ State and Zip Code
		@BROEKERLAW.COM e used for future annual report notification)
For fu	ther information concerning this ma	tter, please call:
	DOUGLAS C. BROEKER	at (305) 374-5623
	Name of Contact Person	Area Code & Daytime Telephone Number
Énclos	ed is a check for the following amou	nt made payable to the Florida Department of State:
	Siling Fee Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
RECEIVE	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 **Articles of Incorporation**

of	1. "II ~
LINI & CO., INC.	MAY
ently filed with the Florid	la Dept. of State Of Che Py 2
000027428	AHASSE OF SISI
ber of Corporation (if known	own)
5, Florida Statutes, this <i>F</i>	Florida Profit Corporation adopts the following
the corporation:	
	The new
	"company," or "incorporated" or the c," or "Co". A professional corporation the abbreviation "P.A."
licable:	
T ADDRESS)	
CE BOX)	
egistered office address i	in Florida, enter the name of the
tered office address:	in Florida, enter the name of the
(Florida street d	address)
	, Florida
(City)	(Zip Code)
in Registered Agent	
	and accept the obligations of the position.
ignature of New Registered	d Agent, if changing
	the corporation: The word "corporation," designation "Corp," "In fessional association," or licable: T ADDRESS) T ADDRESS (Florida street of the feed office address: (Florida street of the feed

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DV	FRANCESCO MAZZA	VIA MONTE ZEBIO-28 00195 ROMA, ITALY	☐ Add ☐ Remove
<u>D</u>	FRANCESCO MAZZA	VIA MONTE ZEBIO-28 00195 ROMA, ITALY	☑ Add ☐ Remove
DPTS	MASSIMO TUNDO	440 NE 4TH AVE APT. #405 FT. LAUDERDALE FL 33301	☐ Add ☑ Remove
	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specij		
provision	endment provides for an exchange, reclass for implementing the amendment if a applicable, indicate N/A)		

TITLE	NAME	ADDRESS	TYPE OF ACTION
DV	MASSIMO TUNDO	440 NE 4TH AVE APT. #405 FT. LAUDERDALE FL 33301	ADD
DPTS	FABIO CRAGNOTTI	650 Island Road Miami, Florida 33137	ADD

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. . .

The date of each amendmen	t(s) adoption: May 2, 2011
	May 2, 2011 (date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required. The amendment(s) was/we	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
sele	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	TRANCESCO NAZZA (Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)