P100000081544

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nar	ne)
		<u>.</u>
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2010 OCT 25 PH 3: 58
SECRETARY OF STATE

Amend

TB

OCT 28 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Little Italy Pizza & Pasta,	Inc.
DOCUMENT NU	MBER:	P10000081544	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Melonie Verdoliva	
	Name of Contact Person		
	Littl	e Italy Pizza & pasta	
		Firm/ Company	
	27 Rymshaw Drive		
Address		•	
	Palm	Coast, Florida, 32164	
		City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
M	elonie Verdoliva	at (386)2	
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
✓ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment

	4.	
	A reticles of Incorporation	E
	of	201
		100Cx 75 P
Little Ita	ly Pizza & Pasta, Inc.	
(Name of Corporation as c	urrently filed with the Florida De	ent. of State
F	210000081544	ASSEF OF STA
(Document	Number of Corporation (if known)	Pot. of States AHASSEE. FLORIDA
rsuant to the provisions of section 607. endment(s) to its Articles of Incorporation	.1006, Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the follow
If amending name, enter the new nam	ne of the corporation:	
		The new
breviation "Corp.," "Inc.," or Co.," or me must contain the word "chartered," '	"professional association," or the a	abbreviation "P.A."
ne must contain the word "chartered," ' Enter new principal office address, if rincipal office address MUST BE A STI	"professional association," or the a applicable: REET ADDRESS able:	abbreviation "P,A."
ne must contain the word "chartered," 'Enter new principal office address, if rincipal office address MUST BE A STI	"professional association," or the a applicable: REET ADDRESS able: FFICE BOX /or registered office address in Flo	
ne must contain the word "chartered," " Enter new principal office address, if incipal office address MUST BE A STI Enter new mailing address, if application (Mailing address MAY BE A POST Office) If amending the registered agent and	"professional association," or the a applicable: REET ADDRESS able: FFICE BOX /or registered office address in Floregistered office address: Melanie Verdoliva	
Enter new principal office address, if incipal office address MUST BE A STI Enter new mailing address, if applications address MAY BE A POST Office address MAY BE A POST Office (Mailing address MAY BE A POST Office) If amending the registered agent and new registered agent and/or the new Mame of New Registered Agent:	"professional association," or the an applicable: REET ADDRESS) able: FFICE BOX) /or registered office address in Floregistered office address: Melanie Verdoliva 27 Rymshaw Drive	orida, enter the name of the
Enter new principal office address, if incipal office address MUST BE A STILL Enter new mailing address, if applications address MAY BE A POST Office address MAY BE A POST Office address MAY BE A POST Office address agent and new registered agent and/or the new incipal address.	"professional association," or the a applicable: REET ADDRESS able: FFICE BOX /or registered office address in Floregistered office address: Melanie Verdoliva	orida, enter the name of the
Enter new principal office address, if rincipal office address MUST BE A STITUTE Enter new mailing address, if applications (Mailing address MAY BE A POST Of the memory registered agent and new registered agent and new registered agent and Name of New Registered Agent:	"professional association," or the an applicable: REET ADDRESS) able: FFICE BOX) /or registered office address in Floregistered office address: Melanie Verdoliva 27 Rymshaw Drive	orida, enter the name of the

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
Pres	Robert F. Green	55 Lafayette Lane Palm Coast, Fl. 32164	L Add Remove
Pres	Melanie Verdoliva	27 Rymshaw Drive Palm Coast, Fl. 32164	
provisi	mendment provides for an exchang ons for implementing the amendment of applicable, indicate N/A)	e, reclassification, or cancellation of ent if not contained in the amendm	of issued shares, ent itself:

The date of each amendmen	
Effective date <u>if applicable</u> :	10/05/2010 (date of adoption is required)
	(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) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	10/5/10 1 myerdobis
Signature 🗸	/ Myerdobis
(By 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)
	Melonie Verdoliva
	(Typed or printed name of person signing)
	Pres.
	(Title of person signing)