P20 000056907

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ITALIAN SMALT FUOD GARANY INC-
DOCUMENT NUMBER: 12000056907
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SIDVANNI ANGELUCCI Name of Contact Person
Firm/ Company
9200 SOUTH DADFLAND BLUD-SUITE TOS Address
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 435 2354 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

The state of the s (Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A," B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 5831 SUNSET DRIVE (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent PICCAP DO ROMANO 9172 GI/IN AVERUE # 308 SURFS/DE 37154
(Florida street address) New Registered Office Address: 9172 (SLL) AVENUE # 408 SUTSIDE Florida 3315 (City) (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

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
1) Change	5	FLESSANDEO WINNED	18 hriber street
Add			UNIT LB, BROOKLYN
Remove			NY,11201
2) Change		Ricardo EMANO	5172 61/15 MVY
Add			# 708 SUFFSIDE
Remove Change		_	PlopidA, 73154
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary). (Be spe	er change(s) here:		
V/2			
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an amendment provides for an exchange, rec	assification, or cancel	lation of issued shares	
rovisions for implementing the amendment if	not contained in the a	mendment itself:	
(if not applicable, indicate N/A)			
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	ment was signed. if other than the signed is adoption:
Effective date	if applicable: 08/12/2021 (no more than 90 days after amendment file date)
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
Adoption of A	Amendment(s) (CHECK ONE)
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
The amendaby the share	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) reholders was/were sufficient for approval.
	ment(s) was/were approved by the shareholders through voting groups. The following statement parately 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)
	Dated US/10/221
	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)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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