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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WRISTON CON:	SULTING INC			
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are si	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	SUSANNA WRISTON				
	Name of Contact Person				
	WRISTON CONSULTING INC				
		Firm/ Company			
	5342 CLARK RD #1043	, ,			
		Address	· · · · · · · · · · · · · · · · · · ·		
	SARASOTA, FL 34233				
City/ State and Zip Code					
	SUSANNA@ITALIADOLCEVITA.COM				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information SUSANNA WRISTO	n concerning this amater, plea	071	284 6685		
Name of Contact Person		at (at Coc	284 6685 le & Daytime Telephone Number		
Enclosed is a check for	r the following amount made				
S35 Filing Fee	☐\$43.75 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		Street /			
		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Faflahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WRISTON CONSULTING INC

(Name of Co	rporation as currently	filed with the Florida	Dept. of State)	
P95000091883				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	. Florida Statutes, this \emph{F}	Iorida Profit Corporati	on adopts the following	(amendment(s) to
A. If amending name, enter the new name of TTALIAN TRAVEL ARTISANS INC.	of the corporation:			
			, , , , ,	The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or th	" "Inc." or "Co". A			
B. Enter new principal office address, if ap	olicable:	N/A		
(Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5342 CLARK RD#1	043	
3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		SARASOTA FL 3423	3	
 If amending the registered agent and/or new registered agent and/or the new reg 		<u>ss in Florida, enter th</u>	e name of the	ج
Name of New Registered Agent				. G
Name of New Registered Agent				4
	(Florida sire	ci addressi		
New Registered Office Address:			, Florida	
	f.	Cuvi	/Zip (ode) 1 = =
N N				
New Registered Agent's Signature, if chang I hereby accept the appointment as registered.		ith and accept the oblig	ations of the position.	
	Signature of New Re	gistered Agent, if chang	ine	
		· · · · · · · · · · · · · · · · · · ·	•	

Check if applicable

 \blacksquare 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, it necessary)

Please note the officer director title by the first letter of the office title

 $P = President; \ \widetilde{V} = Vice President; \ \widetilde{F} = Freasurer (S = Secretary, D = Director, TR = Frustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer (It an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doc 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>	<u>John Dog</u>		
X Remove	\underline{Y}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>litte</u>	Name	<u>Address</u>	
1) Change				
Add				
Remove				
2) Change				
Add			/	
Remove Change				
Add				202
Remove		,		5017 3802
4) Change				
Add				
Remove				
5/Cliange		_		=
Add				
Remove				
6) Change				
Add .				
Remove				

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	1910 more than 90 days after amendment file dater	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or bourd of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amer sufficient for approval.	dment(s)
☐ The amendment(s) was were a must be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	statement M.
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	tvoling group)	
08/04/ <u>2</u> 0] Dated	25	
Signature	Severine M. Waton	
selvei	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or oth nted fiduciary by that fiduciary)	
	SUSANNA M. WRISTON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Litle of person signing)	

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