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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PAPA GINO'S PIZZA INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SABA M MARKECI Name of Contact Person PAPA GINO'S PIZZA INC Firm/ Company 43 Alafaya Woods Blvd Address OVIEDO FL 32765 City/ State and Zip Code ginospizzaoviedofl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SABA M MARKECI at (407 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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$\Gamma \Lambda$	[/ A '	v dili.	11.7.7	r 17.7.73	11.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P98000045861	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	71
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7020
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stree	ort addressel
New Registered Office Address:	Ciry) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten	

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)

Example:

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.

X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	ı	<u>Addres</u> s
1) Change	<u>T</u>	SHPE	ENDI MARKECI	43 ALAFAYA WOODS BLVD
X Add				OVIEDO, FL 32765
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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If an amanda.	ein provides for an e	exchange, reclassific	ation, or cancellation	of issued shares,	
lf an amendm	olicable, indicate N/A	zmenajnent it not ca	mtained in the amend	ment itseif:	
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	09/01/2020	
The date of each amendment		, if other than th
date this document was signed		
Effective date if applicable:	09/01/2020	
Enective date if applicative.	(no more than 90 days after amendment file date)	
Note: If the date inserted in a document's effective date on t	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	iemeni
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	"	
, <u> </u>	(voting group)	
09/01	/2020	
Dated		
	Man's	
Signature _		
	By a director, president or other officer – if directors or officers have not be	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other ppointed fiduciary by that fiduciary)	Court
u	,,	
	SABA M MARKECI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	