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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| 2mail | Address: | | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ITALIAN BISTRO, LLC

| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Italian Bistro, LLC | | ₹ . ~ |
|---|---|------------------------------------|
| (Name of the Limited Liability C (A Florida Lii | company as if now appears on our remitted Lability Company) | vords) |
| The Articles of Organization for this Limited Liability Com Florida document number L13000052286 | npany were filed on April 9, 2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| n/a | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | n/a | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| Enter new mailing address, if applicable: | n/a | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>er</u> | nter the name of the new registere |
| Name of New Registered Agent: n/a | | |
| New Registered Office Address: | | |
| · | Enter Florida street ac | ddress |
| | | , Florida |
| | Cthv | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

15612148442

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------|----------------------------|----------------|
| MGR | Luca Danisi | 90 Alton Road, Apt. # 1105 | □ Add |
| | | Miami, Florida 33139 | ■Remove |
| | | | ☐ Change |
| MGR | Elio Rossi | Via Giovanni Salviucci 13 | ≣ ∧dd |
| | | 00199, Rome, Italy | Remove |
| | | | ☐ Change |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □ Пстюче |
| | | | Change |
| | | | □Add |
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| | | | |
| | | | []Add |
| | | | □Rcmove |
| | | | []Change |

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| | tion, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
|---------------------------------------|--|--|--|--|
| Pursuant to section 605.03 | 02(1), Fla. Stat., this limited liability company ("Company") submits the following | | | |
| statement of authority ("State | statement of authority ("Statement"), as incorporated into these Articles of Amendment to Articles of Incorporation | | | |
| of Italian Bistro, LLC, dated | Italian Bistro, LLC, dated August 18, 2020, and which Statement supercedes and replaces all previous | | | |
| amendments to, and statemen | ats of authority for, Articles of Incorporation of Italian Bistro, LLC: | | | |
| This Statement grants or s | ets limitations of authority on all persons having the status or position of a person | | | |
| in this Company, whether as | a member, transferee, manager, officer or otherwise, or to a specific person on the | | | |
| fullowing: | | | | |
| 1. May execute an its | strument transferring real property hold in the name of this Company: | | | |
| a. Authority grante | d to: Angel Napolitano and Elio Rossi, as authorized representatives of Monica Rossi: | | | |
| 2. May enter into other | er transactions of behalf of, or otherwise act for or bind, this Company: | | | |
| a. Authority granted | to: Angel Napolitano and Elio Rossi, as authorized representatives of Monica Rossi. | | | |
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| ective date, if other than the | date of filing: (optional) | | | |
| effective date is listed, the date mu | at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 lock does not meet the applicable statutory filing requirements, this date will not be listed | | | |
| te: If the date inserted in this bi | OCK GOES But liket the applicance statutory imag requirements, and call with sor so more | | | |
| ument's effective date on the D | epartment of State a focorda. | | | |
| | | | | |
| and manifes a deleved offective | re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | | | |
| s filed. | , _ , , , , _ , _ , _ , | | | |
| 3 1804. | | | | |
| | 2020 | | | |
| August 18 | 2020 | | | |
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| | | | | |
| | The same of the same and the sa | | | |
| <i>y</i> | Signature of a member or authorized representative of a member | | | |
| - / | | | | |
| Monica Rossi | | | | |
| | Typed or printed name of signee | | | |
| - | | | | |

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