## M70287

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## **COVER LETTER**

Division of Corporations

NAME OF CORPORATION: E.M.J. PIZZA, T.C.

DOCUMENT NUMBER: M70287

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

espondence concerning this matter to the following:
Douglas J. Burns Name of Contact Person
Doug Burns, P.A. Firm/Company
Company Firm/ Company
2559 Nursery Road, Suite A
Address
Clearwater FE 33764
City/ State and Zip Code
dburns pa@tampabay.rr.com E-mail address: (to be used for future annual tenort notification)

For further information concerning this matter, please call:

TO: Amendment Section

Douglas J. Burns at (727) 725-2553

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$35 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

to

E.M.J. F	izza. Inc.
(Name of C	orporation as currently filed with the Florida Dept. of State)
M70287	}
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:
	The new
	the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if ap	
(Principal office address MUST BE A STRE	ET ADDRESS )
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	
D. If amending the registered agent and/or new registered agent and/or the new re-	registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent	
_	(Florida street address)
New Registered Office Address:	Model Am & T
Hen Registered Office Huaress.	(City) (Zip Cyde)
New Registered Agent's Signature, if chang 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

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.

Francisco	2, ana sauy sm	un, Sv as an Add.	
Example: XChange	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>PD</u>	Scott Lucas	4690 49th St. N. St. Petersburg, FL
2) Change Add	SD	Thomas Remoebl	4690 49th St. N. St. Petersburg.F.
Remove  3) Change  Add Remove	VD	Scott Dearing	33763 4690 49th St. N. St. Petersburg, F. 33703
4)	SD	Danny Jones	<u> 4690 49<sup>th</sup> St. N.</u> St. Petersburg, FI. <u>33703</u>
5) Change Add Remove	PD	Christopher Dehnel	4690 49th St. N. St. Petersburg, FI 33703
6) Change Add Remove	<u> </u>	Dennis Cavalcanti	4690 49th St. N. St. Petersburg F. 33703

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C	change, reclassificat	ion, or cancellation	of issued shares,	
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The date of each amendment(s) adoption: date this document was signed.	:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block do- document's effective date on the Departmen		requirements, this date will not be listed as the
Adoption of Amendment(s) (	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vo	y the shareholders through voting groups. 7 ting group entitled to vote separately on the	
	mendment(s) was/were sufficient for approv	val
by	(voting group)	<u>_</u> ,
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by action was not required.  Dated 7 3 / Signature	the incorporators without shareholder action	n and shareholder
(By a director, p selected, by an	president or other officer – if directors or offineorporator – if in the hands of a receiver, liary by that fiduciary)	
<del></del>	(Typed or printed name of person signing	g)
	(Title of person signing)	