N0200000936

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Di Fratelli Inc.				
DOCUMENT NUMI	BER: N0200000936				
The enclosed Articles	of Amendment and fee are sub	mitted fo	r filing.		
Please return all corres	spondence concerning this mat	ter to the	following	ਤ:	
		e Lavar			
	(Name of	Contact I	erson)		
	РО	Box 523	32		
	(Firm	/ Compar	ıy)		
	(1	Address)			
	Spring	Hill FL 3	4611		
	(City/ Sta	te and Zip	Code)		-
	sclark@johi	nston-sa	sser.co	om	
	E-mail address: (to be use	d for futu	re annual	report notificat	ion)
For further information	n concerning this matter, please	e call:			
Gene Laveroni		at (352) 684-7460	
(Name o	of Contact Person)		(Area	Code & Daytime	e Telephone Number)
Enclosed is a check for	r the following amount made p	ayable to	the Flori	da Department o	of State:
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certi	fied Copy itional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporation Building	s

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Di Fratelli,Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N0200000936
(Document Number of Corporation (if known)

A. If amending name, enter the new name of the cor	4.	
to transferred the new name of the cor	poration:	ه د پیشم
The new name must be distinguishable and contain th abbreviation "Corp." or " Inc." <u>"Company" or "Co." i</u>		
3. Enter new principal office address, if applicable:		-14 *'
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
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Enter new mailing address, if applicable:		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
(Mailing address MAY BE A POST OFFICE BOX) <u> </u>	<u> </u>
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	•	
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:		
Titalite of Titali Regimer del Tigetti.		
		
	(Florida street address)	
New Registered Office Address:	,	ri ti
New Registered Office Address:		Florida
New Registered Office Address:	(City)	, Florida <i>(Zip Code)</i>
New Registered Office Address:	, ,,	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
			FT n
(attach a	ding or adding additio dditional sheets, if nece - Membership	nal Articles, enter change(s) here: ssary). (Be specific)	
Members	hip in the Corporation	on shall be as set forth in its Bylaws.	The Corporation
is organiz	ed under a non-sto	k basis where voting members shall	
be entitled	d to vote in accorda	nce with the Bylaws. Each voting me	mber
shall be e	ntitled to vote on co	porate matters as provided in the By	laws.
	· · · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s) adoption: 5/19/2011		
.,	(date of adoption is required)	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s) l.	
There are no members or members adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ars.	
Dated 7- 4	4-11	
Signature	End Quevan	
have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
	Gene Laveroni	
_	(Typed or printed name of person signing)	
	Director/President	
	(Title of person signing)	

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