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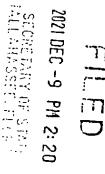
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	AN SOCIETY, INC.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Daniel J. Rose, Esq.			
	(Name of Contact Perso	nn)	
Daniel J. Rose, P.A.			
	(Firm/ Company)		
323 NE 6th Avenue			
	(Address)		
Delray Beach, Florida 33483			
	(City/ State and Zip Coc	le)	
rose@djrpa.com			
E-mail address: (to be used	for future annual report	notificatio	n)
For further information concerning this matter, please	call:		
Daniel J Rose Esq	at	1	542-9174
(Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & 1 Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address diment Sect on of Corpo entre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

2021 DEC -9 PM 2: 20

ITALIAN-AMERICAN SOCIETY, INC.

ITALIAN-AMERICAN SOCIETY, INC.		SEPPETARY OF SI
Name of Corporation as currently filed with the Flor	rida Dept. of State)	SECRETARY OF SM FALL AHASSEE, FT
N05000006566		
(Document)	Number of Corporation (if kno	wn)
tursuant to the provisions of section 617,1006, Florida S mendment(s) to its Articles of Incorporation:	statutes, this Florida Not For	Profit Corporation adopts the following
. If amending name, enter the new name of the corp	poration:	
		The new
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp," or "Inc,"
i. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
. If amending the registered agent and/or registered	office address in Florida, er	nter the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flori	da street address)
		, Florida
	(Ciţy)	(Zip Code)
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I a		obligations of the position.
	· · · · · ·	w v v v v v v v v v v v v v v v v v v v
	Signature of New Registere	d 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.

Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change x Add	<u>P</u>	JOSEPH DUVA	323 NE 6TH AVENUE DELRAY BEACH, FL 33483
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee)		cles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed			· · · · · · · · · · · · · · · · · · ·			_, if other than the
Effective date if applicable:	DECEMBER 7	2021				
	(no i	nore than 90 days	after amendmen	t file date)		
Note: If the date inserted in the document's effective date on the			ble statutory filin	g requirements, this	date will not b	be listed as the
Adoption of Amendment(s)	(<u>CI</u>	IECK ONE)				
The amendment(s) was/w was/were sufficient for ap	vere adopted by the proval.	he members and t	he number of vot	es east for the amen	dment(s)	

Dated	December 7, 2021
Signature	
	By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Nicklas Duva
	(Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were