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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Italian Interna	tional Pa	irent	s Associatio	n, inc.
DOCUMENT NUMBER: N10000010807				
The enclosed Articles of Amendment and fee are sul	bmitted for i	filing.	•	
Please return all correspondence concerning this mat	ter to the fo	llowin	g :	
	Casablar			
(Name of	Contact Pe	rson)		
(Firm	ı/ Company)		
444 Brick	ell Ave St	e. 821		······
(4	Address)			
**************************************	Florida, 33			·
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mcasablanca@ E-mail address: (to be used				on)
For further information concerning this matter, please	e call:			
Maria Casablanca	at (305	577-4220	Telephone Number)
(Name of Contact Person)	•	(Area (Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the	e Flori	da Department of	f State:
✓ \$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	Certifie (Addition enclose	d Copy mal co :d)	py is	Certificate of Status Certified Copy (Additional Copy is enclosed)
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Ci	ircle

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Articles of Amendment to Articles of Incorporation of

Italian International Parents Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000010807

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address: (Florida street address)

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

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

(City)

Florida

(Zip Code)

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4110002416523

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 additio	nal sheets, if necessary)	· .	
<u>Title</u>	Name	Address	Type of Action
VP.	Roberto Pagani	2127 SW 16 Terr.	□ Add
		Miami , FL , 33145	☑ Remove
TD	Chris Rabi	1811 SW 24 Terr.	□ Add
		Miami, Florida 33145	
TD			
TD	Maria Casablanca	444 Brickell Ave 416 Miami Florida, 33131	☑ Add □ Remove
	•••		
E. If amending (attach additional)	or adding additional Articles, enter coional sheets, if necessary). (Be specifi	<u>:hange(s) here</u> : <i>c)</i>	
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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)			
Title	Name	Address	Type of Action
Pres.	Christina Cerutti	6001 SW 70 ST #437 SOUTH MIAML FL ,33143	☑ Add ☐ Remove
<u> </u>	Conchita Fernandez	1650 Cgral way, # 701 Miemi, Florida, 33145	☐ Add ☑ Remove
VP	Vincenza Michienzi	495 Brickeil Ave. # 4804 Miami, Florida, 33131	☑ Add ☐ Remove
E. <u>If amendi</u> (attach add	ng or adding additional Articles, ente litional sheets, if necessary). (Be spec	r change(s) here: ific)	
···			
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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)

Title	Name	Address	Type of Action
SP	Vincenza Michienzi	495 Brickell Ave, 4804 Miami , Florida, 33131	
<u>SD</u>	Conchita Fernandez	1650 Coral Way , 701 Miami ,Florida , 33145	
	,		——————————————————————————————————————
E. If amending	or adding additional Articles, enter c	change(s) here:	
(attach addit	ional sheets, if necessary). (Be spectfl	c)	
<u> </u>			
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The date of each amendment(s) adoption: September 1st, 2011 (date of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or nadopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
DatedSignature	9/1/11 Wearn 77	
(By	the chairman or vice chairman of the board, president or other officer-if directors c not been selected, by an incorporator — if it the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Conchita Fernandez (Typed or printed name of person signing)	
	President	

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(Title of person signing)