# P0000063531

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DATE: 12/27/2024

NAME: MARCHELLI ENTERPRISE, INC

TYPE OF FILING: AMENDMENT

COST: 43.75

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ACCOUNT: FCA00000015

**AUTHORÍZATION:** 

ABBIE/PAUL HODGE

#### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: MARCHELLI EN	ITERPRISE, INC	_
DOCUMENT NUMBI	ER: P00000063531		
	f Amendment and fee are si	abmitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all corresp	ondence concerning this ma	atter to the following:	
R	OSANA MARCHELLI		
-		Name of Contact Perso	л
N	IARCHELLI ENTERPRIS	E, INC	
-		Firm/ Company	
2	380 Vance Terrace	. ,	
<del></del>		Address	
P	ort Charlotte, FL 33981		
_		City/ State and Zip Cod	e
ro	sanamarchelli230@gmail.c	om	
_		sed for future annual report	notification)
For further information o	concerning this matter, pleas		
		at (	599-8116 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 issee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

/Nome	of Corneration as a	nala Blad adal at 121 at 12	
P00000063531	or Corporation as curren	ntly filed with the Florida Dept. o	<u>if State</u> )
	(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adop	ots the following amendment(s
. If amending name, enter the new n	ame of the corporation:		
			The new
ame must be distinguishable and contain 'Inc.,'' or Co.,'' or the designation "( 'chartered," "professional association,'	orp. "Inc." or "Co".	A professional corporation name	the abbreviation "Corp.," e must contain the word
. Enter new principal office address,	if applicable;	2380 Vance Terrace	
Principal office address MUST BE AS	TREET ADDRESS )	Port Charlotte, FL 33981	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			14 S.
		2380 Vance Terrace	1 DEC 2
		Port Charlotte, FL 33981	
			60
. If amending the registered agent an new registered agent and/or the new	d/or registered office ad-	dress in Florida, enter the name o	·
Name of New Registered Agent	ROSANA MARCHELLI		
	2380 Vance Terrace		
	(Florida s	ireet address)	<del></del>
New Registered Office Address:	Port Charlotte		orida
		(City)	(Zip Code)
ew Registered Agent's Signature, if cl hereby accept the appointment as regist	nanging Registered Agen	u:	
recept the appointment as regist	am jamiliar	with and accept the obligations of	the position.

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>FT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	DPT	ROSANA MARCHELLI REV TRUS	ROSANA MARCHELLI, TTE
Add		<del></del>	2380 Vance Terrace
Remove			Port Charlotte, FL 33981
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change	_		
Add			
Remove			

	if necessary). (Be spe			
FULL NAME FOR DPT: RO	OSANA MARCHELLI	REVOCABLE TRUS	Γ dated December 23, 20	24
				· - · · · · · · · · · · · · · · · · · ·
	<del></del>		<del></del>	
				<del> </del>
		·········		
<del></del>				
		· · · · · · · · · · · · · · · · · · ·		
F. If an amendment provid	es for an exchange, rec	lassification, or canc	ellation of issued shares	
provisions for implement (if not applicable, in	nting the amendment if	not contained in the	amendment itself:	-
(y nor appricable, m	alcule 1471)			
			<del></del>	
<del></del>				

The date of each amendment(s) adoptio date this document was signed.	December 23, 2024  n:, if other than t
December Effective date if applicable:	23, 2024
,	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will not be listed as tent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) it for approval.
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	"
	(voting group)
selected, by an	president or other officer – if directors or officers have not been necorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)
ROSA	NA MARCHELLI, TRUSTEE OF ROSANA MARCHELLI REV TRUST
	(Typed or printed name of person signing)
DPT	
<del></del>	(Title of person signing)