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AUG 14 2018 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations 77 FLORIDA. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NESGA HAREW Firm/ Company BWEESTATENGT @ GHAL, COH E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LESGA HARELL Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

Taliahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

77 FLORIDA, INC.

(Name of Corporation as currently)	filed with the Florida Dept. of State)	
7 0000 KO 9	9846	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment((s)
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
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D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the	フ
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	1 address)	
New Registered Office Address:	. Florida	
	City) (Zip Code)	
·		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
0°	aintend to ant if abunaing	
/Signature of New Rej	gistered 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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	<u>SV</u> <u>Sally</u>	: Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DPTS	LANZALONE, WCA	PALAZZO SAWZZO PIAZZA DEI GIUSTIMIAMI 7/1 GENOVA, IT 16123 IT
2) Change Add Remove	PTS_	MARELLI, ALESSIA	407 LINCOLN RD SUITE 6K MIAHI BEACH, FL 33139
3) Change Add Remove	ASV_	MARELLI, ALESSIA	407 LINCOLN RD. SUITE GK MIAHI BEACH FL 33139
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

A stouch and distanced a law services and a service of the service	rticles, enter change(s) here:
Attach additional sheets, if necessary)	i. (ne specific)
	
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f an amendment provides for an ex-	change, reclassification, or cancellation of issued shares.
The second secon	
provisions for implementing the an	nendment if not contained in the amendment itself:
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
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The date of each amendment(s) adoption:, if oth date this document was signed.	er than th
Effective date if applicable: AUGUST 10, 2018	_
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	sted as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voung group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated August 10, 2018	
Signature Alloului	
By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALESSIA HARELLI	_
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_