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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: BAGGIO DOCUMENT NUMBER: POLOGOO	ENTERPRISES INC.					
The enclosed Articles of Amendment and fee are sub-	mitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Steven DE	MAMorte					
	Name of Contact Person					
2/70 18.	Firm/ Company					
J618 1408	Address					
LAKE MARY	City/ State and Zip Code					
City/ State and Zip Code						
Stevede 11 P. Hot MAIL. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	call:					
Steven Dellamorte	at (954) 8/8-202/ Area Code & Daytime Telephone Number					
Name of Contact Person						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Maiting Address	Street Address Amendment Section					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as co	urrently filed v	with the Florida Dept. of	State)	
P01000080965 BI	AGG117	ENTERPRISES	\mathcal{T}	NIC
	./	ration (if known)		/
(Meanen	moer er ex-po-	, , , , , , , , , , , , , , , , , , ,		
rsuant to the provisions of section 607,1006, Florida Statute Articles of Incorporation:	es, this <i>Florida</i>	Profit Corporation adopts	the follow	ring amendmen
If amending name, enter the new name of the corporat	ion:			
				The new
me must be distinguishable and contain the word "corporati nc.," or Co.," or the designation "Corp," "Inc," or "C hartered." "professional association," or the abbreviation	Co". A profes	y," or "incorporated" or the sional corporation name	e abbrevia must-cont	tion "Corp.," ain the word
Enter new principal office address, if applicable:				
rincipal office address MUST BE A STREET ADDRESS)			_
				-1
Enter new mailing address, if applicable:				[2]
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
				رن
				7
If amending the registered agent and/or registered offi-		Florida, enter the name o	<u>the</u>	
new registered agent and/or the new registered office a	iddress:			1:55
Name of New Registered Agent				υ,
	-			
/E1	orida street addre	and a		_
	riaa sireet aaart	(33)		
New Registered Office Address:	(City)	Flo	rida	p Code)

Check if applicable

☐ 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.

X Change	<u>PT</u>	John Doe
X Remove	<u>v</u>	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	<u>Title</u>	Name Address
1) Change	$\sqrt{}$	Celia dell'Amorte 649 PICKFAIR TEER
Add		LK. MARY, F1. 32746
Remove	\	Steven DellAmorte 2678 Abele Pl
2) Change Add		LK. M/Rey, F1. 3274
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		<u></u>

ttach additional sheets, if r	necessary). (Be specific)
	
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<u>.</u>	
<u></u>	
	C. I I I C.
an amendment provides	for an exchange, reclassification, or cancellation of issued shares, ing the amendment if not contained in the amendment itself:
(if not applicable, indic	cate N/A)
() ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
sa	

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(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, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	er action and shareholder
The amendment(s) was were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was were sufficient for approval	
BARRIO FATORPRISES FOR	
by BAGGIO ENAURIUSES Fac. " (voting group)	
Dated 9/24/2020	
Signature	
(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	r court
appointed fiduciary by that fiduciary)	
Steven DellAmorte	
(Typed or printed name of person signing)	
P,T,S	
(Title of person signing)	