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C. GOLDEN SEP -1 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NEW YORK/RON	MA PIZZA & PASTA. CO	RP.
	BER: P02000127371		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TOMAS A EUVIN		
		Name of Contact Perso	n
		Firm/ Company	
	2985 MCFARLANE ROAD)	
	,	Address	
	COCONUT GROVE, FL 33	131	
		City/ State and Zip Cod	e
DEN	NISFUNDORAESQ@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		
Name o	of Contact Person	at (Area Co)de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indigent Section Is on of Corporations Indigent Box 6327 Indigent Box 63214	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

t

NEW YORK/ROMA PIZZA & PASTA, CORP.

Articles of Incorporation

of

FILED

(Name of Communition on automatic	. Gladaulth tha Flacida Da	2017, AUS 28 AH 9: 58
(Name of Corporation as currently	med with the Florida De	pt. or state)
P02000127371		was to the first and a second
(Document Number of	Corporation (if known)	TALLALING DEEL FLÖRIG.
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation	" "gamagani" or "ingo	The new
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Covord" "Chartered," "professional association," or the abbreviation "I	Co". A professional corpe	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the n	ame of the
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·		
ir toriau xired	a adaress)	
New Registered Office Address:		Florida
(4)	City)	(Zip Code)
	et address) City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligation	ons of the position.
	_	
Signature of New Re	gistered Agent, if changing	<u> </u>

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 ofthe 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>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>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	Jose Marcos S.V. Pellegatti	2951 S. BAYSHORE DRIVE	
XAdd			UNIT 708	
Remove			MIAMI. FL 33133	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
	- "-
f an amandment provides for an eval-	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate NA)	
(if not applicable, indicate NA)	
(if not applicable, indicate №A)	
(if not applicable, indicate №A)	
(if not applicable, indicate NA)	
(if not applicable, indicate №A)	
(if not applicable, indicate NA)	
(if not applicable, indicate №A)	
(if not applicable, indicate NA)	
(if not applicable, indicate NA)	

The date of each amendment(s) a date this document was signed.	doption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
by	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/23/2017 Dated		
Signature	and Cian	
selecte	d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	TOMAS A. EUVIN	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	