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Amend Theur's 11-4-08



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARIOS PIZZA II INC			
DOCUMENT NUMBER:	P03000029347		
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence cond	cerning this matter to the following:		
	MARIO MANETTA		
	(Name of Contact Person)		
	MARIOS PIZZA II, INC (Firm/ Company)		
	(Firm/ Company)		
· · · · · · · · · · · · · · · · · · ·	2679 GULF TO BAY BLVD STE 560		
	(Address)		
	CLEARWATER, FL 33759		
	(City/ State and Zip Code)		
For further information concerning th	nis matter, please call:		
MARIO MANETTA	at (727) 791-3949 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following	amount made payable to the Florida Department of State:		
\$35 Filing Fee \$43.75 Filing Certificate of \$			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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TALLARA LARA		ORION

MARIOS PIZZA II, INC.

	rently filed with the Florida Dept. of S	tate)
·		tate)
	3000029347	
(Document Nu	mber of Corporation (if known)	
suant to the provisions of section 607.10 owing amendment(s) to its Articles of Inco		it Corporation adopt
If amending name, enter the new name of	of the corporation:	
e new name must be distinguishable corporated" or the abbreviation "Corp., o". A professional corporation nan ociation," or the abbreviation "P.A."	" "Inc.," or Co.," or the designation	"Corp," "Inc," or
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		
(Mailing uddress MAT BE A 1 OST OFF	<u></u>	
•		
If amending the registered agent and/or new registered agent and/or the new registered Agent:		nter the name of the
New Registered Office Address:	(Florida street address)	
New Registered Office Address:	(Florida street address)	Florida
New Registered Office Address:	(Florida street address) (City)	, Florida (Zip Code)

Signature of New Registered Agent, if changing

removed:	and title, name, and address of each	Officer and/or Director being added:	•
(Attach aa	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	THOMAS GENTILESCO	2679 GULF TO BAY BLVD STE 560 CLEARWATER, FL 33759	□ Add □ Remove
	additional sheets, if necessary). (Be .	specific)	
	additional sneets, if necessary). (Be	specific)	
	additional sneets, if necessary). (Be	specific)	
<u>provis</u>	imendment provides for an exchange ions for implementing the amendment protection of applicable, indicate N/A)	e, reclassification, or cancellation of i	
<u>provis</u>	imendment provides for an exchange	e, reclassification, or cancellation of i	

The date of each amendment(s) a	doption:
Effective date if applicable:	'
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient 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	ing group)
(vot	ing group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	-29-08 NN
Signature	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)
	MARIO MANETTA
_	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)