## P03000144564

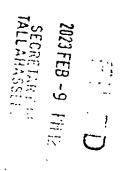
| (Requestor's Name)                      |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
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| J. HORNE                                |

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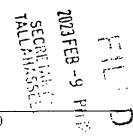
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: Greg Calabretta                      | , Inc.   |  |  |  |  |
|--|---|--|--|--|--|--|
| DOCUMENT NUME  | P03000144564                                |  | <del></del>  |  |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |  |
| Please return all corres   | pondence concerning this ma                 | tter to the following:   |  |  |  |  |
|  | Greg Calabretta, Inc.                       |  |  |  |  |  |
|  |   | Name of Contact Person   |  |  |  |  |
|  | Greg Calabretta                             |  |  |  |  |  |
|  | Firm/ Company                               |  |  |  |  |  |
|  | 4007 33rd St SW                             |  |  |  |  |  |
|  | Address                                     |  |  |  |  |  |
|  | Lehigh Acres. FL 33976                      |  |  |  |  |  |
|  | City/ State and Zip Code                    |  |  |  |  |  |
|  | GregC1955@hotmail.com                       |  |  |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report   | notification)  |  |  |  |
| For further informatio   | n concerning this matter, pleas             | se call:   |  |  |  |  |
| Greg Calabretta  |   | at (   | 777-7134   |  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number                                    |   |  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for  | r the following amount made                 | payable to the Florida Depa  | irtment of State:  |  |  |  |
| ■ \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



| Greg Calabretta, Inc.  |   | g           |  |  |
|--|---|-------------|--|--|
| (Name of Corporation as current  | ly filed with the Florida Dept. of State)             |             |  |  |
| P03000144564   |   |             |  |  |
| (Document Number   | of Corporation (if known)                             |             |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation adopts the following amend | ment(s) to  |  |  |
| A. If amending name, enter the new name of the corporation:  |   |             |  |  |
| N.2.   | . The n   | iew         |  |  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered." "professional association," or the abbreviation "P.A. | A professional corporation name must contain the we   | ord         |  |  |
| •  | 4007 33rd St SW                                       |             |  |  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | Lehigh Acres, FL 33976                                |             |  |  |
|  |   |             |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 4007 33rd St SW                                       | <b></b><br> |  |  |
| · · · · · · · · · · · · · · · · · · ·  | Lehigh Acres. FL 33976                                |             |  |  |
|  |   | _           |  |  |
| D. If amending the registered agent and/or registered office ad-<br>new registered agent and/or the new registered office address  |   |             |  |  |
| Name of New Registered Agent N/A   |   |             |  |  |
| Name of New Registered Agent   |   |             |  |  |
| (Florida s   | treet address)  |             |  |  |
| Non Davistand Office Address   | . Florida   |             |  |  |
| New Registered Office Address:   | (City) (Zip Code)                                     |             |  |  |
|  |   |             |  |  |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  | it: with and accept the obligations of the position.  |             |  |  |
|  |   |             |  |  |
| Signature of New   | Registered Agent, if changing                         |             |  |  |
|  |   |             |  |  |

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.

| 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>      | Address                |
| 1) Change                  | ٠            | Paolo Calabretta | 4007 33rd St SW        |
| Y Add                      |              |                  | Lehigh Acres, FL 33976 |
| Remove                     |              |                  |                        |
| 2) Change                  |              |                  |                        |
| Add                        |              |                  |                        |
| Remove 3) Change           |              |                  |                        |
| Add                        |              |                  |                        |
| Remove                     |              |                  |                        |
| 4) Change                  |              |                  |                        |
| Add                        |              |                  |                        |
| Remove                     |              |                  |                        |
| 5) Change                  |              |                  |                        |
| Add                        |              |                  |                        |
| Remove                     |              |                  |                        |
| 6) Change                  |              |                  |                        |
| Add                        |              |                  |                        |
| Remove                     |              |                  |                        |

| E. If amending or adding additional Ar<br>(Attach additional sheets, if necessary). | ticles, enter change(s)  (Be specific) | here:                 |                |               |
|---|--|-----------------------|----------------|---------------|
| N/A   |  |                       |                |               |
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| F. If an amendment provides for an ex   | change, reclassificatio                | n, or cancellation of | issued shares. |               |
| provisions for implementing the an<br>(if not applicable, indicate N/A)             | nendment it not conta                  | inea in the amenum    | ent usen:      |               |
|   |  |                       |                |               |
| NA  |  |                       |                |               |
|   |  |                       |                |               |
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| he date of each amendment                                | s) adoption:   | , if other than th                 |
|--|--|------------------------------------|
| ate this document was signed.                            | 1/1/2023   |                                    |
| Mective date <u>if applicable</u> :                      | (no more than 90 days after amendment file date)   |                                    |
|  | (no more than 30 days after amenament file date)   |                                    |
|  | nis block does not meet the applicable statutory filing requirements, e Department of State's records.   | this date will not be listed as th |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )   |                                    |
| The amendment(s) was/wer action was not required.        | adopted by the incorporators, or board of directors without sharehold  | er action and shareholder          |
| ☐ The amendment(s) was/wer<br>by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amend<br>re sufficient for approval.   | lment(s)                           |
|  | e approved by the shareholders through voting groups. The following start 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   |                                    |
| N/A<br>by  | <u></u>  |                                    |
| <u> </u>   | (voting group)   |                                    |
| Jared  | 2-6-23   |                                    |
| Signature  | 2-6-23<br>Hug Calabath   |                                    |
| <b>√</b> B   | a director, president or other officer – if directors or officers have not   |                                    |
|  | ected, by an incorporator – if in the hands of a receiver, trustee, or oth<br>pointed fiduciary by that fiduciary)                             | er coun                            |
|  | GREG CALABRE TTA  (Typed or printed name of person signing)  |                                    |
|  | (Typed or printed name of person signing)  |                                    |
|  | PRESIDENT (Title of person signing)  |                                    |
|  | (Title of person signing)  |                                    |