## P0400004637/

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SPAGHETTO FA	ACTORY, INC.	
DOCUMENT NUMB	D04000046271		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
		FABIO CRAGNOTT	I
-		Name of Contact Perso	n
	SPA	GHETTO FACTORY, INC	C.
-		Firm/ Company	
•	4350 Oakes Road #506	·	
-		Address	
1	DAVIE, FL, 33314		
-		City/ State and Zip Cod	le
		•	
	E-mail address: (to be u	sed for future annual report	notification)
	2 address. (10 00 a	sou for future minual report	, nonication)
For further information	concerning this matter, pleas	se call:	
FABIO CRAGNOTTI		at (	5494303
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Amer Divis P.O. 1	ng Address Idment Section Idment Sec	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SPAGHETTO FACTORY, INC.

(Name of C	<u>orporation as curren</u>	tly filed with the Florida Dept. o	of State)
P04000046371			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1000 ts Articles of Incorporation:	6, Florida Statutes, this	s Florida Profit Corporation adop	ots the following amendment(s)
A. If amending name, enter the new name	of the corporation:		
	3 1 6		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or	"Co". A professional corporation	ted" or the abbreviation on name must contain the
B. Enter new principal office address, if applicable:		4350 OAKES ROAD #506	
Principal office address <u>MUST BE A STRE</u>		DAVIE, FL, 33314	ري دي
		<u> </u>	()
		<del></del>	
. Enter new mailing address, if applicabl	<u>e:</u>		
(Mailing address MAY BE A POST OFF	ICE BOX)		
			- T
			25 E
. If amending the registered agent and/or			of the
new registered agent and/or the new reg	istered office addres	<u>s:</u>	
Name of New Registered Agent FA	BIO CRAGNOTTI		
435	0 OAKES ROAD #50	6	<del></del>
	(Florida st	reet address)	
New Registered Office Address:	VIE	r	lorida 33314
New Registered Office Address.	<del></del>	(City)	(Zip Code)
		· //	
ew Registered Agent's Signature, if chang			
hereby accept the appointment as registered	agent. I am familiar	with and accept the obligations of	<sup>(</sup> the position.
	1749	Registered 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) X Change	P	FABIO CRAGNOTTI	4350 OAKES ROAD #506	
Add			DAVIE, FL, 33314	
Remove		,		
2) X Change	VP	EVA ZANZI	4350 OAKES ROAD#506	
Add			DAVIE , FL, 33314	
Remove				
3) Change				
Add		*** <del></del>		
Remove				
4) Change				
Add				
Remove				
5) Change	4			
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
NEW BYLAWS WAS SIGNED ON 01st October, 2015		
TEN BIBLING WING GLOCAL CONTROL CONTRO		
<u> </u>		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
(3 47		

01st day of Oc	tober, 2015
The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Olst day of October, 2015	
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 document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the rds.
Adoption of Amendment(s) (CHECK ONE	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	
by(voting group)	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of dir action was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
11/01/2015 Dated	
Signature	Malus .
(By a director, president or other	er officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court aciary)
FABIO CRAGNOTTI	
(Typed or pr	inted name of person signing)
PRESIDENT	
	Title of person signing)