P05000037925

(Re	questor's Name)	
(10		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	•	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900061200509

11/07/05--01053--015 **35.00

05 NOY -7 PN 12: 44
SECRETARY OF STATE
AHASSEE FI ORING

My

NOV 0 9 2005

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Coral Ridge	, Inc.	** · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P05000037925		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Joseph Bilotti		
(Name of	Contact Person)	
Rotelli Pizza Pasta, Inc.		
(Firm	/ Company)	
4611 Johnson Road Suite	1	
(A	Address)	
Coral Springs, Fl. 33071		
(City/ Stat	e and Zip Code)	
For further information concerning this matter, pl	lease call:	
Joseph Bilotti	at (954) 601-05	500
(Name of Contact Person) (Area Code & Daytime Telephone Nur		Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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 Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of

Coral Ridge, Inc.	
(Name of corporation as currently filed with the Florida Dept. of State)	
P05000037925	or A
(Document number of corporation (if known)	NOV
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> A adopts the following amendment(s) to its Articles of Incorporation:	OS NOV
NEW CORPORATE NAME (if changing):	<i>~</i>
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
Article Number V- Registered Agent :	
Add: Rosario C. Lopez 18076 SW 26th Court Miramar, Fl. 33029	
Remove: Joseph Bilotti 4611 Johnson Road Ste.1 Coconut Creek, Fl. 33073	
Article VII - Officer/Director:	
Add: Rosario C. Lopez 18076 SW 26th Court Miramar, Fl. 33029	
Remove: Joseph Bilotti 4611 Johnson Road Ste.1 Coconut Creek, Fl. 33073	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate Not be applicable, indi	

(continued)

Effective d	ate if applicable:			· · · · · · · · · · · · · · · · · · ·				
		(no more than 90 da	ays after ame	ndment file da	ite)			
Adoption o	of Amendment(s)	(CHECK	ONE)					
	The amendment(s) the amendment(s) b						f votes cast fo	or
ند	The amendment(s) vision following statement separately on the an	must be separate						
	"The number of	votes cast for the	amendme	nt(s) was/w	ere suf	ficient fo	or approval by	y
		(voting group)		*		·		
	The amendment(s) vand shareholder acti			ard of direct	ors wi	thout sha	reholder action	on
	The amendment(s) v shareholder action v		by the inc	orporators v	vithou	t shareho	lder action ar	nd
	Signature		2_	s ll		·		
	selecte	irector president or ad, by an incorporato ited fiduciary by that	r - if in the h					
	Jose	eph Bilotti						
			printed name	of person sig	ning)	······································	·	
	PTE							
	.		(Title of per					
I he I fu of n doc cor	reby accept the appoint rther agree to comply my duties, and I am fai ument is being filed m goration has been not	intment as registere with the provision miliar with and acc verely to reflect a c ified in writing of t	ed agent and s of all state ept the obli hange in the his change.	d agree to act ites relative t gation of my e registered o	t in this to the p positio office a	s capacity roper and n as regis ddress, Ti	i complete per stered agent. U hereby confirm	formance Or, if this that the
/2	(Signature of Re	OCA Agent)	30°.		סן	/20 (Date)	15	