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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sam-Bucco Medito	erranean Bistro, Inc.	
DOCUMENT NUMI	00.50000.30317		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Thomas Rossetti		
•		Name of Contact Person	n
		Firm/ Company	
	14700 Tamiami Trl N #5		
		Address	
	Naples, Ft. 34110		
		City/ State and Zip Cod	e
tomn	nyr33@icloud.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Thomas Rossetti		at (216-7363
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Sam-Bucco Mediterranean Bistro, Inc.

2018 OCT 15 PM 2:58

(<u>Name of</u>	f Corporation as currently	v filed with the Florida Dept. of State No TAF	RY OF STATE
P05000039316		TALLAH.	ASSEE, FL
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this A	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associat	ition "Corp," "Inc." or "C	n," "company," or "incorporated" or the ab Co". A professional corporation name must c P.A."	The new observiation contain the
B. Enter new principal office address, i (Principal office address MUST BE A ST			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	<i>DFFICE BOX)</i> d/or registered office addr		
Name of New Registered Agent	Thomas Rossetti		
Name of New Neglinerea Agem	14700 Tamiami Trl N #5		•
	(Florida stre	eet address)	•
New Registered Office Address:	Naples	Florida 34110	
		(City) (Zip C	'oder
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ered agent I am familiar v	: with and accept the obligations of the position. 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: LXChange	PT	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	D	Adel M Khalil	12407 Buttertly Palm Dr.
Add	<u></u>		Naples, FL 34119
X Remove			
2) Change	D	Brian Angelo	9020 Citadel Lane Unit 109
Add		-	Bonita Springs, FL 34135
X Remove			
3) Change	D	Thomas Rossetti	233 Kirkland Dr
X Add			Naples, FL 34110
Remove			
4) Change	D	Adam Shue	19991 Barletta Lane #1913
X Add		· · · · · · · · · · · · · · · · · · ·	Estero, FL 33928
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

	or adding additional Articlonal sheets, if necessary).	(Be specific)			
	 		_	-	
		<u> </u>			
					
	· -				
<u>.</u> .					-
					
<u> </u>					
fan amend	nent provides for an excha	nve, reclassificati	ion, or cancellati	on of issued sha	res.
provisions 1	or implementing the amen	dment if not cont	ained in the ame	ndment itself:	
(if not a	pplicable, indicate NA)				
				_	
		_			
					·

	October 2, 2018	
The date of each amendment(s) ad	option:	, if other than t
date this document was signed.		
	ber 2, 2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(vatino graun)	
	A Company of the Comp	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareho	lder
October 2n Dated	d, 2018	
Signature		
	rector, president or other officer - if directors or officers have no	
	I, by an incorporator – if in the hands of a receiver, trustee, or oth	ier court
appoint	ed fiduciary by that fiduciary)	
	THOMAS ROSSETTI	
	(Typed or printed name of person signing)	
	, and the second se	
	DIRECTOR_	
	(Title of person signing)	

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