PD5000040498

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORA	TION: Andreotti Pasta Inc		
DOCUMENT NUMBE	R: P05000040498		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
<u> Pa</u>	blo Protti		
		Name of Contact Person	
Ar	dreotti Pasta Inc		
		Firm/ Company	
_10	415 SW 154Th Ct, Suite 2		
_		Address	
Mi	ami, FL 33138		
		City/ State and Zip Code	
. be	rtha@ortega-solutions.com		
		be used for future annual report	notification)
•	·· •		
For further information	n concerning this matter, please ca	ali:	
Pablo Protti		at 305-382-3113	
Nan	ne of Contact Person	Area Code &	Daytime Telephone Number
Enclosed is a check for	or the following amount made pay	able to the Florida Department of	State:
X \$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)
Ar Di P.	ailing Address nendment Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Division Clifton B 2661 Ex	nent Section of Corporations



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2014

PABLO PROTTI ANDREOTTI PASTA INC 10415 SW 154TH CT - STE. 2 MIAMI, FL 33138

SUBJECT: ANDREOTTI PASTA, INC

Ref. Number: P05000040498

We have received your document for ANDREOTTI PASTA, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1 (one) box and submit the document in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 214A00003169

ATX1

Articles of Amendment ့ to ် Articles of Incorporation of

Andrectil Pasta Inc (Name of Corporation as currently filed with the Florida Dept. of State) Po5000040498 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: ANDREOTTION ANDREOTTION ANDREOTTION B. Enter name must be distinguishable and contain the word "corporation," "nompany," or "incorporated" or the abbreviation "Corp." "inc.," or "Co." A professional corporation name must contain the word "chartered," professional association," or the abbreviation "PA." B. Enter new principal office address. If applicable: (Principal office address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address. (Mailling address MAYBE A POST OFFICE BOX) If amending the registered agent and/or the new registered office address: Name of New Registered Office Address: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Anent's Signature. If changing Registered Agent: 1 and familiar with and accept the obligations of the position.	Articles of Amendm	ent		
(Name of Corporation as currently filed with the Florida Dept. of State) P05000040488 (Document Number of Corporation (if known) Pursuant to the provisions of section 607-1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of incorporation: A. If amending name, enter the new name of the corporation: ANDREOTTI INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abstraviation "Corp.," "Inc.," or "Co.", or the designation "Corp.," "inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "PA." B. Enter new principal office address. If applicable: (Principal office address MUST BE A STREET ADDRESS) MAMI, FL 33196 C. Enter new mailting address. If applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature. If changing Registered Agent: 1 hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	to`	%.	•	
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		and accept the obligations of the position.		
Signature of New Registered Agent, if changing	Signature of New Registered	Agent, if changing		

Andreotti Pasta Inc ` '		ATX1
The date of each amendment(s) adoption:	· : 2/6/2014	, if
other than the date this document was signe	ed.	
Effective date <u>if applicable</u> :	2/6/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	. н	
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated	2/6/2014	
Signature		
The state of the s	rector, president or other officer – if directors or officers have not been	
	l, by an il corporator if in the hands of a receiver, trustee, or other court	
арроппе	ed fiduciary by that fiduciary)	
Pable	o Protti	
	(Typed or printed name of person signing)	
Presi	ident	
	(Title of person signing)	