# P050001111782

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	PICIRCCA, INC.	
DOCUMENT NU	MBER:	P05000114782	
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
_	VIN	CENT FORTUNATO	
•	1	Name of Contact Person	
_		PICIRCCA , INC.	· 
		Firm/ Company	
-	7736 BLIND PASS ROAD		
		Address	
-		SBURG BEACH , FL 33706	
		City/ State and Zip Code	
	E-mail address: (to be us	TAMPABAY.RR.COM of for future annual report notification)	
For further informa	tion concerning this matter	please call:	
VINCE	ENT FORTUNATO	at ( 727 ) 5	514-5144
Name	of Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Depa	rtment 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)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	:le

Tallahassee, FL 32301

### **Articles of Amendment** to **Articles of Incorporation**

#### PICIRCCA INC

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P05000114782

(Document Number of Corporation (if known)

	the corporation:		
			The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,	," or "Co". A professione	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
			<b>3</b> 8
C. Enter new mailing address, if applicable:			2
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		7
			₩ <b>2</b>
			2: 10
<li>If amending the registered agent and/or r new registered agent and/or the new registered.</li>		Florida, enter the name	of them
			•
Name of New Registered Agent:		<del></del>	
	(Florida street ac	ddress)	
Name of New Registered Agent:	(Florida street ad	, Florida	
Name of New Registered Agent:	(Florida street ad	·	

## 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)

**Title Type of Action** <u>Name</u> Address VΡ SAMUELE CARANNANTE □ Add 9986 85TH WAY ☐ Remove LARGO , FL 33773 VΡ Giovanni Scamardella 1901 OYSTER CATCHER LANE ☑ Add ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	t(s) adoption: NOVEMBER 1 , 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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
by	,,,
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	11-17-10
Signature	The factor of th
(By	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)
	Vincent Fortunato
	(Typed or printed name of person signing)
	President
	(Title of person signing)