P0600010260

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SECRETARY OF SHARE

MAR 12 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A B N BEST PIZZA, INC
DOCUMENT NUMBER: P06000010260
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Besnik Vehu
Resnik Vehu Name of Contact Person ABN BEST PIZZA, INC Firm/ Company 851 South SR 434 Address Actamante, FL 32714 City/ State and Zip Code
Firm/ Company 851 South SR 434
ACTAMANTE, FL 32714
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Besnik VEUV Name of Contact Person at (47) 296-3066 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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to

A B N BEST PIZZA, INC.	and an arm of the second second
(Name of Corporation as currently filed with the Florida Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FLORE
P06000010260	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> atts Articles of Incorporation:	dopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpor word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address;	me of the
Name of New Registered Agent	_
(Florida street address)	_
New Registered Office Address:, Florida	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligatio	ns of the position.

Signature of New 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)

. 1

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>S</u>	VALBONA VELLV	5571 WHITE HERON PL OVIEDO, FL 32765
Remove 2) Change Add	<u>T</u>	ORNELA BURNAZI	CASSELBERRY, FL 32707
Remove 3) Change Add Remove			
4) Change			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)				
				_	
	····			·	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification	on, or cancellati	on of issued	hares,	
(if not applicable, indicate N/A)	noment if not conta	ined in the ame	nament usen	<u>.</u>	
				· · · · · · · · · · · · · · · · · · ·	
		<u></u>			

The date of each amendment(s) adoption: 332014	if other than th
date this document was signed.	, if other man in
Effective date if applicable: 3 3 2014 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3 3 2014	
Signature (By Affector, president or other officer – if directors or officers have not been	
(By defrector, president or other officer – if directors or officers have not been	
sclected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Besnik Veliu (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
VicePresident.	
(Title of person signing)	

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SECRETARY OF STATE
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