## P06000110899

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PEPITOLANDIA,	CORP	
	BER: P06000110899		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	SPINELLI, JORGE		
		Name of Contact Person	
	PEPITOLANDIA, CORP		
		Firm/ Company	
	11554 NW 48 TERRACE		
		Address	
	MIAMI, FL 33178		
		City/ State and Zip Code	:
gior	giospinelli@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
INELLI, JORGE		at (at (	х,
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
S35 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 Address			Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PEPITOLANDIA, CORP			
(Name of Corporation	on as currently filed	with the Florida Dept. of S	State)
P06000110899			
(Docum	nent Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida</i>	a Profit Corporation adopts	the following amendment(s)
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the contained association.	" "Inc," or "Co".	ompany," or "incorporated A professional corporation	l" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		***	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
D. If amending the registered agent and/or register- new registered agent and/or the new registered of		Florida, enter the name of	the
Name of New Registered Agent		784	<del></del>
-	(Florida street addr	ress)	**************************************
New Registered Office Address:		, Flor	ida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		d accept the obligations of th	ne position.
Siona	ature of New Register.	ed Agent, if changing	Ph

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: 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)	<u>Title</u>	<u>Name</u>	Address	
1) Change		LUCIA A MATA	LUCIA A MATA	
Add			11554 NW 48 TERRACE	
X Remove			MIAMI, FL 33178	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

- 7	(Be specific)
•	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
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 05/04/018	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SonGE SPINELLE	
(Typed or printed name of person signing)	<del></del>
IN EGIDEN E	

(Title of person signing)