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APR 10 2014 R. WHITE

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Tortellini & Co., Inc. DOCUMENT NUMBER: P07000027428 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Douglas C. Broeker, Esq. Name of Contact Person Sweetapple, Broeker & Varkas, P.L. 44 W. Flagler Street, Suite 1500 Address Miami, FI 33130 City/ State and Zip Code doug@broekerlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Douglas C. Broeker, Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

FILED

Articles of Incorporation of

14 APR -4 FM 1:53

Tortellini & Co., Inc.	01	14 NIV 4 16 1:33	
(Name of Corporation as current	w filed with the Fleride Dont a	CONTRACTOR OF THE PROPERTY OF	_
P07000027428	y inea with the Florida Dept. 0	ANASSEE, FLUMIDA	
	r of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit</i>	Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of th	e corporation:		
			_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A profes	," or "incorporated" or the a ssional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicate Applicate Principal office address MUST BE A STREET A			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		-
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		, enter the name of the	-
Name of New Registered Agent			
	(Florida street address)	<u></u>	
New Registered Office Address:	(City)	, Florida(Zip Code)	
	,	(Elp Coue)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		t the obligations 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)

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.

X Change	<u>PT</u>	John Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		Demnils De Leon Baeza	1169 White Pine Dr.
Add				Wellington, FI 33414
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add				
Remove				

	heets, if necessary,). (Be specific)			
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		kchange, reclassifi	cation, or cancella	ation of issued sna	ires,
an amendment : rovisions for im	provides for an ex	mendment if not c	ontained in the ar	<u>nendment itself:</u>	
rovisions for im	provides for an explementing the an able, indicate N/A)	<u>mendment if not c</u>	ontained in the ar	nendment itself:	
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rovisions for im	plementing the ar	<u>mendment if not c</u>	ontained in the ar	mendment itself:	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(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 ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	Maria	
Signature	1 344 5600	
(By a d	irector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	_
	(Title of person signing)	R