

P07000125390

(Requestor's Name)

(Address)

(Address) .

(City/State/Zip/Phone #)

PICK-UP

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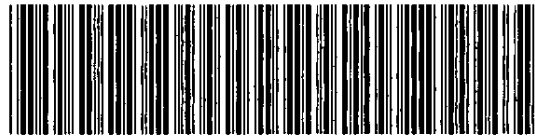
(Business Entity Name)

(Document Number)

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06/23/08--01012--019 \*\*43.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 AUG -4 PM 12:35

Amend/CC  
@ 8/5/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AUTHENTIC NY PIZZA, INC.

**DOCUMENT NUMBER:** P07000125390

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL ANDRADE  
(Name of Contact Person)

AUTHENTIC NY PIZZA, INC.  
(Firm/ Company)

6602 OLD WINTER GARDEN ROAD  
(Address)

ORLANDO, FL. 32835  
(City/ State and Zip Code)

For further information concerning this matter, please call:

MANUEL ANDRADE at (407) 429-4730  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2008

MANUEL ANDRADE  
AUTHENTIC NY PIZZA INC.  
6602 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32835

SUBJECT: AUTHENTIC NY PIZZA INC.  
Ref. Number: P07000125390

We have received your document for AUTHENTIC NY PIZZA INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 508A00038119



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2008

MANUEL ANDRADE  
AUTHENTIC NY PIZZA INC.  
6602 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32835

SUBJECT: AUTHENTIC NY PIZZA INC.  
Ref. Number: P07000125390

We have received your document for AUTHENTIC NY PIZZA INC. and your check(s) totaling \$43.75. 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 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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 408A00040704

RECEIVED  
AUG 4 4 00 PM '08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

Authentic NY PIZZA INC

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

P07000125390

(Document number of corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG -4 PM 12:35

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ADDING NEW OFFICER- MIGUEL FERNANDO- ALAVA.

- AS MANAGER

6602 OLD WINTER GARDEN ROAD

ORLANDO FL. 32835

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 06-18-2008

Effective date if applicable: 06-18-2008  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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.

Signature

[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)

Manuel Andrade

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35