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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: VALENTINI INC			
DOCUMENT NUMB				
	of Amendment and fee are su	abmitted for filing.		1, 44
Please return all corres	pondence concerning this ma	atter to the following:		
	ALEX D. SIRULNIK			
-	· <u></u>	Name of Contact Person	n	
	ALEX D. SIRULNIK, P.A.			
-		Firm/ Company		_
2199 PONCE DE LEON BOULEVARD, SUITE 301				
•		Address		
	CORAL GABLES, FL 3313	4		
- -		City/ State and Zip Cod	e	_
ADS@	SIRULNIKLAW.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ALEX D. SIRULNIK		at (<u>305</u>	443-7211	
Name o	f Contact Person	Area Co	de & Daytime Telephone Num	iber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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	
	ndment Section ion of Corporations	Amendment Section Division of Corporations		
	Box 6327		Building	
Talla	hassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VALENTINI INC.			14	معتن معتن	•
(Name o	f Corporation as currently filed with the Flor	ida Dept. of State)	**	7	an'
P08000034291				عن	
	(Document Number of Corporation (if know	vn)	,	<u> </u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the foll	lowing a	amendme	nt(s) to
A. If amending name, enter the new na	me of the corporation:				
			7	The new	,
	ain the word "corporation," "company," or ation "Corp," "Inc," or "Co". A professional ion," or the abbreviation "P.A."				
B. Enter new principal office address, (Principal office address MUST BE A S					
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of					
					
	d/or registered office address in Florida, enter	r the name of the			
new registered agent and/or the nev	JAVIER TOME				
Name of New Registered Agent					
	9551 NW 41ST STREET				
	(Florida street address)	22	130		
New Registered Office Address:	MIAMI	, Florida	178		
	(City)		(Zip Co	de)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent: ered agent — I am familiar with and accept the o	bligations of the posi	tion.		
	Marion				
	Signature of New Registered Agent, if cl	hanging			İ

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: \underline{X} Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		CARMINE VALENTINI	
Add Remove				
2) Change	PS		JAVIER TOME	9551 NW 41ST STREET
X Add				MIAMI, FL 33178
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				<u></u>

If amending or adding additional Arti (Attach additional sheets, if necessary).	cies, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders a must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by(voting group)	, n
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	vithout shareholder action and shareholder
Dated 4/24/19	
Signature Olli 1018	
(By a director, president or other of	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court
appointed fiduciary by that fiducia	
CARMINE VALENTINI	
(Typed or print	ed name of person signing)
VICE PRESIDENT	
(Ti	le of person signing)