## P08000062257

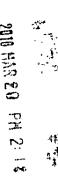
(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

2010 MAR 20 PM 2: 18

NAME OF CORPORATION: VA	NIGLIA E CIO	CCOLATO, INC	
DOCUMENT NUMBER: P080000			
The enclosed Articles of Amendmen	t and fee are sub	omitted for filing.	
Please return all correspondence con-	cerning this mat	ter to the following:	
IDA PETRUC	CETTI		
<del></del>		Name of Contact Pe	rson
VANIGLIA E	CIOCCOLATO	O, INC	
		Firm/ Company	
15969 PINES	BLVD		
		Address	
PEMBROKE	PINES, FL 3302	27	
		City/ State and Zip C	Code
RSVTAXACCOUN	TING@HOTM	AIL.COM	
E-mail ad	dress: (to be use	ed for future annual rep	ort notification)
For further information concerning th	is matter, please	e call:	
IDA PETRUCCETTI		954	Code & Daytime Telephone Number
Name of Contact Pers	on	Area	Code & Daytime Telephone Number
Enclosed is a check for the following	amount made p	ayable to the Florida D	epartment of State:
	Filing Fee & ate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Am Div Clif 266	eet Address endment Section ision of Corporations fron Building 1 Executive Center Circle ahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



VANIGLIA E CIOCCOLATO, INC

2018 HAR 20 PM 2: 15

(Name of Corporation as current P08000062257	tly filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	TI
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	
. (Florida st	reet 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	
Signature of New 1	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.

Frample:

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	IDA PETRUCCETTI	1103 SW 156 TERRACE
Add			PEMBROKE PINES, FL 33027
X Remove			
2) Change	P	STEFANO QUILLI	1103 SW 156 TERR
X Add			PEMBROKE PINES, FL 33027
Remove			
3 ) Change	VP	DIANYK M ALVAREZ	1103 SW 156 TERR
X Add			PEMBROKE PINES, FL 33027
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
//A	
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:  CANCELLATION OF ALL PREVIOUSLY AUTHORIZED SHARES TO
	S FOR NEW SHARES ISSUED AS FOLLOWS:
	SHARES: 50 PERCENTAGE: 50 %
EFANO QUILLI PRESIDENT	
EFANO QUILLI PRESIDENT	SHARES: 50 PERCENTAGE: 50 %

ane date of each amendment(s) and date this document was signed.	doption:, if other the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved 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 add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_ • 03	3-14-2018
Signature 🗡 🧲	John Jehnatt 2
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	IDA PETRUCCETTI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)