P08000085818

(Re	questor's Name)		
(Ad	dress)		
<i>(</i>			
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(Cit	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ANTONIO'S NEV	W YORK STYLE PIZZA,	INC		
DOCUMENT NUM	P08000085818				
The enclosed Article	rs of Amendment and fee are su	ibmitted for filing.			
Please return all corn	espondence concerning this ma	tter to the following:			
	Said Zori				
		Name of Contact Person	n		
	Antonio's Pizza				
		Firm/ Company			
	378 A1A South				
	Address				
	St. Augustine, FI, 32080				
		City/ State and Zip Cod	e		
snz	ori08@gmail.com				
		sed for future annual report	notification)		
	·	•			
For further informati	on concerning this matter, pleas	se call:			
Said Zori		904 at (347-6368		
		de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Dir P.C	niling Address hendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301		

Articles of Amendment to Articles of Incorporation of

ANTONIO'S NEW YORK STYLE PIZZA, INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P08000085818		
(Document Number of	Corporation (if known)	 -
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following a	imendment(s) i
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbi	he new reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		دين الله
		900 2
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	28 PH 6:
Name of New Registered Agent		ATIONS ATIONS
(Florida stree	t address)	
New Registered Office Address:	, Florida	
	City) (Zip Code	e)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Reg	tistered 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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	MAJEED R NOORISTANI	9 HERON CIR,
X Add			ST. AUGUSTINE, FL 32080
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary). (P)- SAID ZORI 20 SHARES	es, enter change(s) here: (Be specific)
(VP)- SHANNON ZORI 60 SHARES	
(S)- MAJEED RASHEED NOORISTANI 2	0 SHARES
F. If an amendment provides for an exchange provisions for implementing the amendre (if not applicable, indicate N/A) ADDED OFFICER	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
ADJUSTED SHARES	

	10/20/2	2019			
The date of each amendment(s) a	adoption:				, if other than the
date this document was signed.					
Effective date <u>if applicable</u> :	/20/2019				
	(no	o more than 90 c	lays after amend	ment file date)	
Note: If the date inserted in this document's effective date on the D	block does not mepartment of State	neet the applicabe's records.	le statutory filin	g requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK	K ONE)			
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the share ufficient for appro	eholders. The moval.	umber of votes ca	ist for the amendmen	nt(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the share reach voting grow	reholders throug up entitled to vot	th voting groups. Te separately on t	The following state he amendment(s):	ment
"The number of votes case	for the amendme	nt(s) was/were s	ufficient for appr	roval	
by					
	(voting g	group)			
The amendment(s) was/were ad action was not required.					lder
☐ The amendment(s) was/were ad action was not required.	opted by the incor	porators without	t shareholder acti	on and shareholder	
10/20/201 Dated	9 5	5			
Signature					
selecte	director, presidented, by an incorporated fiduciary by the	ator – if in the h	 if directors or cands of a receiver 	officers have not bee , trustee, or other co	n ourt
	SAID ZORI				
	(Туре	ed or printed nam	ne of person sign	ing)	
	PRESIDENT		5.5		
		(Title of p	erson signing)		