P08000107485

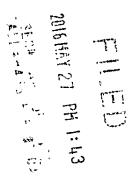
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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Amend

MAY 31 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ITALIAN TRE	ND INC			
DOCUMENT NUMBER: P08000107485				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Myrna Putignano				
	Name of Contact Person			
Italian Trend Inc	Italian Trend Inc			
	Firm/ Company			
789 Crandon Blvd Apt 4	05			
	Address			
Key Biscayne, FL 33149				
	City/ State and Zip Code			
myrna@thetrend.biz				
•	used for future annual report notification)			
2 mail dadiess. (to be	ased for facility annual report nonnearion;			
For further information concerning this matter, pl	ease call:			
Myrna Putignano	at (305) 9511101			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	de payable to the Florida Department of State:			
\$35 Filing Fee & Certificate of Status				
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			

Articles of Amendment to Articles of Incorporation of

(Name of Corporat	on as currently filed w	ith the Florida Dept, of Sta	<u>te</u>)
P08000107485			
(Docur	ment Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006, Florid as Articles of Incorporation:	a Statutes, this Florida F	Profit Corporation adopts the	e following amendment(
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A	pany," or "incorporated" professional corporation na	or the abbreviation
3. Enter new principal office address, if applicable	<u></u>	·	<u> </u>
Principal office address <u>MUST BE A STREET ADI</u>	ORESS)		
			
C. Enter new mailing address, if applicable:	NV.		14 3
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
			 ్ చ్
	<u> </u>		
). If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Flo office address:	orida, enter the name of the	2
Name of New Registered Agent			
		•	
	(Florida street address	5)	
New Registered Office Address:		, Florída	
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)
			(<u> </u>
ew Registered Agent's Signature, if changing Reg	istered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and a	ccept the obligations of the p	position.
	ature of New Registered	A : : : : - ! :	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	Myrna Putignano	789 CRANDON BLVD APT 405
X Add			KEY BISCAYNE FL 33149
Remove			
2) Change	D	Myrna Putignano Casini	789 CRANDON BLVD APT 405
Add			KEY BISCAYNE FL 33149
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>provisi</u> ons for im	provides for an exclude plementing the ame able, indicate N/A)	nange, reclassification andment if not conta	on, or cancellation o nined in the amendm	f issued shares, ent itself:	
	·- <u></u>				

and the second s	, MAY 25TH2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	MYRNA PUTIGNANO	
	(Typed or printed name of person signing)	
	PRESIDENT AND DIRECTOR	
	(Title of person signing)	