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No 15-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Zivio (B	
DOCUMENT NUMBER: <u>P090000239</u>	4	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Evie Mosta	COC(Contact Person	
2ivio Co		
Firm/	Company	
10857 SW 91 AV	<u>UnitA</u> ddress	
Ocala, 4.	34481 and Zip Code	
da Vinci ma Keovers E-mail address: (to be used for futt	ure annual report notification)	
For further information concerning this matter, please	call:	
Evie Mostacci a Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:	
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	osed)
Amendment Section A Division of Corporations D P.O. Box 6327 C	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of	FILER
Zivio Co.	of State Valley
(Name of Corporation as currently filed with the Florida Dept.	of State Village
PO 900000 2394	STATE STATE
(Document Number of Corporation (if known)	- SIVEA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> amendment(s) to its Articles of Incorporation:	rofit Corporation adopts the following

ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc,'	' or "Co". A professional corpor
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
. If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new regis		
new registered agent and/or the new regis	stered office address:	

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)

Title Name Address Type of Action D Vincent J Mostacci SR. 10891 SW 110 COUPT - Add Dunnellon, Fl. 34432 A Remove Anthony A. Mostacci

Joseph N Mostacci 10891 5W 110 Court 10891 SW 110 Court Add Dunnellon, F1.34432 - Remove X Change of E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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) - he will own 10% shares. Joseph Mostacci Director.

The date of each amendment	(s) adoption: 3-29-11
Effective date <u>if applicable</u> :	(data of adoption is required)
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval
by	>>
	(voting group)
The amendment(s) was/we action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	3-29-10
Signature	
sele	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Evie Mostacci (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)