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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Giuseppe's Original Italian Food Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing-Please return all correspondence concerning this matter to the following: Giuseppe Gigliotti Name of Contact Person Gisueppe's Original Italain Food Inc. Firm/ Company 6550 Caroline St Address Milton, FL 32570 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (S50) 324-1787

Area Code & Daytime Telephone Number Giuseppe Gigliotti Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 🗵 \$35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SECRETARY OF STATE NIVERSED ACTION OF CORPORATION

Articles of Amendment to Articles of Incorporation

Giuseppe's Original Italian Food Inc.				
(Name 0	f Corporation as currently	filed with the Flor	ida Dept. of State)	
P09000004634				
	(Document Number of (Corporation (if know		
Pursuant to the provisions of section 607.1 its Articles of incorporation:	006. Florida Statutes, this F	lorida Profit Corpo	ration adopts the fo	ollowing amendment(s)
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associa:	ition "Corp." "Inc," or "C	o". A projessional	"incorporated" or corporation name	the abbreviation t must contain the
B. Enter new principal office address, i (Principal office address MUST BE A SI	<u>f applicable:</u> <u>"REET_ADDRESS"</u>)			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST 6)	rable <u>:</u> OFFICE BOX)	655 <u>0</u>		
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office addre registered office address: Giuseppe Gigliotti		the name of the	TOEC 22 PM
Name of New Acquisite Caragem	6241 Glenwood Dr (Florida stree	Milton, FL	32583	OF STATE REPORATION PM 12: 03
New Registered Office Address:	Şâme (C	City)	, Florida	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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 recessary)

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> 21</u>	John Doe	
X Remove	$\underline{\nabla}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	Maria Gigliotti	119 Hyde Park Rd
Add			Pensacola, FL 32503
x Remove			
2) Change	P	Giuseppe Giglioni	6241 Glenwood Dr
x Add	. 18		Milton, FL 32583
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
σ) Change			
Add			
Remove			

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an amendment pr	ementing the ame	ndment if not con	tained in the ame	ndment itself:	
rovisions for impl	e, indicate NA) –				
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* · · · •	06/23/2017
The date of each amendment(date this document was signed.	s) adoption: if other than the
	06′23/2017
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) te sufficient for approval.
☐ The amendment(s) was were must be separately provided	approved by the shareholders through voting groups. The following statement if or 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
Су	
	hoting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
06/23/3 Dated	017
(By	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court
	ocinted fiduciary by that fiduciary)
	Maria Gigliotti
	(Typed or printed name of person signing)
	President Where & Juglio M' men oler
	(Title of person signing)