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Office Use Only



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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations La Trattoria Inc. NAME OF CORPORATION: P09000006525 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frank Pollard Name of Contact Person La Trattoria, Inc. Firm/ Company 17881 North Tamiami Trail, Unit 35 Address North Fort Myers, Florida 33903 City/ State and Zip Code frankpollard@netzero.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank Pollard Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

OIVISION GER	LEL Y GE an
OIVISION OF T	PH 3: 20

		SUP II S
ttoria INC.		PM 3: 35
iled with the Floric	la Dept. of State)	
06525		
Corporation (if kno	own)	Various source
rida Statutes, this F	Torida Profit Corp	oration adopts the following
orporation:		
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nation "Corp," "In	c," or "Co". A pi	rofessional corporation
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DX)		
	<u>n Florida, enter tl</u>	ie name of the
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(City)	(Zip Co	de)
gistered Agent: I am familiar with	and accept the oblig	gations of the position.
ure of New Registere	d Agent if changin	
	iled with the Florid 006525 Corporation (if knowledge) Corporation: ord "corporation." ord "corporation." oral association," or e: ORESS) red office address is office address: (Florida street of (City) eistered Agent: I am familiar with of	iled with the Florida Dept. of State) 006525 Corporation (if known) rida Statutes, this Florida Profit Corporation: ord "corporation," "company," or mation "Corp," "Inc," or "Co". A provious association," or the abbreviation "E: DRESS) red office address in Florida, enter the office address: (Florida street address) (Florida street address) , F (City) (Zip Co.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P,D</u>	Luis Rios	226 First Street Fort Myers, Florida 33901	☑ Add □ Remove
<u>D</u>	Michael Roman	226 First Street Fort Myers, Florida 33901	☑ Add □ Remove
<u>P,D</u>	Michele Romano	226 First Street Fort Myers, Florida 33901	
See add	ditional page.		_
provisi		ge, reclassification, or cancellation of nent if not contained in the amendmen	
	,		
			. <u> </u>

The date of each amendment	(s) adoption: August 30, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date <u>n'appacable</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	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
• •	re approved by the shareholders through voting groups. The following statement ed for 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Signa <u>ture</u> (By sele	detember 10, 2009 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 mointed fiduciary by that fiduciary) Jiri Kralicek (Typed or printed name of person signing)
	Director (Title of person signing)
	(True of person signing)

Additional Officer/Director Changes:

<u>Title</u>	Name	Address	<u>Add</u>
D	Jiri Kralicek	226 First Street Fort Myers, Florida 33901	XX
T	Francis W. Pollard	226 First Street Fort Myers, Florida 33901	XX