## P09000076207

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
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Aprend. 5-29-13 Do

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: NAVIGLI USA INC DOCUMENT NUMBER: P09000076207 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBERTO M. FOCARDI Name of Contact Person NAVIGLI USA INC Firm/ Company 3857 ACLINE RD UNIT 106 Address PUNTA GORDA FL 33950 City/ State and Zip Code SPLINCOMETAX@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 941 ) 875-2320
Area Code & Daytime Telephone Number ALBERTO M. FOCARDI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & . □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

**Mailing Address** 

TO: Amendment Section

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** Articles of Incorporation

## NAVIGLI USA INC

ent(s) to

(Name of Corporation as currently filed with the		
(	e Florida Dept. of State)	
P09000	076207	
(Document Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the follow	
A. If amending name, enter the new name of the corporation:		
and he distinguishable and analysis the most Comment	dia " " " " " " " " " " " " " " " " " " "	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name mus	
B. Enter new principal office address, if applicable:	3857 ACLINE RD	
(Principal office address MUST BE A STREET ADDRESS)	UNIT 106	
	PUNTA GORDA, FL 3395	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3857 ACLINE RD	
	UNIT 106	
	PUNTA GORDA, FL 33950	
D. <u>If amending the registered agent and/or registered office a</u>	ddress in Florida, enter the name of the	
new registered agent and/or the new registered office addr		
Name of New Registered Agent		
(Florida	street address)	
	······································	
New Registered Office Address:	, Florida	

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 Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	1ike Jones	•
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>T</u>	CHRISTIAN LAURI	1940 AQUI ESTA DR
Add	_		PUNTA GORDA FL 33950
X Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach dagmanar sneets, if he	cessary). (Be spe	cific)		
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If an amendment provides for provisions for implementing (if not applicable, indicated the LBERTO M. FOCA	g the amendment is ste N/A)	f not contained ir	the amendment itself	<u>t</u>
IARISA SAUTER	<del></del>		<del></del>	<del></del>
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 5/20/2013			
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.		
	proved by the shareholders through voting groups. The following statement 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)		
	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder		
Dated_5/20/20	Welm		
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)		
	ALBERTO M. FOCARDI		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		