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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Baci	Trattoria In	ic
DOCUMENT NUMBI	R:P1000	00020674	
The enclosed Articles of	(Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
_	Karen Scott		
_	Baci Tratt	-	
	2566 Nort	Firm Company h U.S.	
_	_	n Florid	a 32960
-		City: State and Zip Code ++8226090 ed for future annual report i	ol·com
For further information	concerning this matter, pleas	e call;	
	cott Fulchini		, 473 · 3489
	Contact Person the following amount made p		le & Daytime Telephone Number
. /	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	ES52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee E. Monroe Street, Suite 810 ssee, F1, 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation to our mathefile) with the Plant I for a govern
(Name of Corporation as currently filed with the Florida Dept. of State) P10000020674
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Vero Beach Florida 32963
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) Vero Beach Florida 32963
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Karen Scott-Fulchini 1015 Admirals Walk · Vero Beach Fl 329 (Florida street address)
New Registered Office Address: Vevo Beach Florida 32963 (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
Check if applicable If The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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; F= Fice President: T= Treasurer; S= Secretary, D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer, It 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. Selly Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sully Smith. SV as an Add.

Example:

X Change	<u>PT</u>	Juhn Doc	
X Remove	$\overline{\lambda}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
, _ Add			
Remove			
2) Change			
Add			
Remove 3) Change	-		
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

If amending or adding additional Articles, enter chan Attach additional sheets, if necessary),—(Be specific)	
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	,
If an amendment provides for an eychange, reclassifi	<u>leation</u> , or cancellation of issued shares.
provisions for implementing the amendment if not c	contained in the amendment itself:
(if not applicable, indicate N/A)	
-	, <u> </u>
- ·	
•	

The date of each amendment(s) adoption: <u>January</u> 21 2025 date this document was signed.	if other than the
Effective date if applicable: ASAP (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action are action was not required.	nd shareholder
1 The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
(1) The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
Signature (By a director, president or other officer – if directors or officers have not been	·
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that (iduciary)	
Maren Scott Fulchini (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PSD.	
(Title of person signing)	