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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: MAMA	MIA'S ITALIAN GRILL &	PIZZERIA INC
DOCUMENT NU	JMBER:	P1000003363	60
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		KAY FLORIO	
)	Name of Contact Person	
	MAMA MIA'S I	TALIAN GRILL & PIZZERIA	INC
		Firm/ Company	
	376	1 S NOVA RD UNIT N	
		Address	
	POF	RT ORANGE FL 32127	
		City/ State and Zip Code	·· · · · · · · · · · · · · · · · · · ·
	kflo	orio@cfl.rr.com	<u> </u>
	E-mail address: (to be us	ed for future annual report notification	1)
For further inform	ation concerning this matter	, please call:	
	KAY FLORIO	at (386)	299-3644
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Dep	partment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Ci	ircle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

MAMA MIA'S ITALIAN GRILL & PIZZERIA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000033630

(Document Number of Corporation (if known)

. If amending name, enter the new name of	tne corporatio	n: The new
ame must be distinguishable and contain in breviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "C	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		3761 S NOVA RD UNIT N
		PORT ORANGE FL 32127
		4000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3761 S NOVA RD UNIT N
		PORT ORANGE FL 32127
If amending the registered agent and/or r new registered agent and/or the new regis		
new registered agent and/or the new regis	stered office add	
new registered agent and/or the new regis	stered office add	dress:

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>	Name	Address	Type of Action
VP	VICTOR STRAMONDO	372 KENTUCKY BLUE CIRCLE APOPKA FL 32712	☐ Add ☑ Remove
			☐ Add ☐ Remove
	-		☐ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
<u>provisions</u>	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss ot contained in the amendment i	ued shares, tself:
			

The date of each amendment(s	adoption:	
Effective data if applicables	(date of adoption is required) no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	nen
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	oting group)	
(oting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	0-14-10.	
Signature	0-14-10. Kay Florio	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	t
	KAY FLORIO	
	(Typed or printed name of person signing)	
	(Title of person signing)	