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PICK-UP	☐ WAIT	MAIL
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: LE TENTA	ZIONI, INC.			
DOCUMENT NUI	MBER: P1000009532	:5			
	es of Amendment and fee are su				
Please return all con	respondence concerning this ma	tter to the following:			
	Spyros Vlamis				
		Name of Contact Person	1		
	AR Accounting & Tax Services				
		Firm/ Company			
	5497 Wiles Road	Suite 202			
		Address			
	Coconut Creek, FL 33073				
		City/ State and Zip Cod	e		
SI	oyros@taxesar.com	า			
	. •	sed for future annual report	notification)		
For further informa	tion concerning this matter, pleas	se call:			
Spyros Vlai	mis	at (954	757-7100		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address 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** of

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14 SEP 26 AM 10: 23"

## LE TENTAZIONI, INC.

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

TAREATASSEE, PROJUDA

nent(s) to

P1000095325 (Document Number of Co	pration (if known)
·	ites, this Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corpo	
	The spring
B. Enter new principal office address, if applicable:	5497 Wiles Road
(Principal office address MUST BE A STREET ADDRE	Suite 202
	Coconut Creek FL 33073
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida(Zip Code)
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	
Signature of New	gistered 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 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	Р		GOMES NISIZAKI, DAVI GA	5497 Wiles Road
Add				Suite 202
Remove				Coconut Creek FL 33073
2) Change	VP		VARGAS FERNANDEZ, TRI	5497 Wiles Road
Add		_		Suite 202
Remove				Coconut Creek FL 33073
3) Change				
Add		<del></del>		
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				·
Add		<del></del>		
Remove				

f amending or adding addition  Attach additional sheets, if nec	cessary). (Be spe	cific)		
		, 141 · · · , · · · · · · · · · · · · · · ·		
<del>.</del>				
		•		
If an amendment provides fo provisions for implementing (if not applicable, indicat	the amendment i	classification, or If not contained i	cancellation of issunt it	ed shares, self:
		<del> </del>		
·····	. <del></del>			
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
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"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9/24/14	
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 fiduciary)	
Sive, vlan	
(Typed or printed name of person signing)	
Fidran	
(Title of person signing)	