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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LA PIZZERIA DI	LEMONI INC		
DOCUMENT NUMB	P11000022225			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:		
	MARIA EUGENIA PELAT	ſ		
-		Name of Contact Person	1	
	LEMONI GROUP INC			
Firm/ Company				
	195 NE 46 ST APT 5			
-		Address		
	MIAMI, FL 33137			
		City/ State and Zip Cod	e	
lemon	igroup@gmail.com			
		sed for future annual report	notification)	
			,	
For further information	concerning this matter, pleas	se call:		
MARIA EUGENIA PELATI		786	597-3776	
Name of Contact Person			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		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

LA PIZZERIA DI LEMONI INC	17 FEB 17 PM 2.25
(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P11000022225	The state of the s
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
LEMONI GROUP INC	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "Company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	195 NE 46 ST APT 5
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI, FL 33137
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	195 NE 46 ST APT 5
	MIAMI, FL 33137
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registerea Office Address:	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if other than the
02/14/2017	
Effective date if applicable:	
(no more	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendate.	e applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	E)
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent	
"The number of votes cast for the amendment(s)	• •
by	,"
by(voting group,	i
☐ The amendment(s) was/were adopted by the board of d action was not required.	•
☐ The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and shareholder
02/14/2017	
Dated	
Siamatura	
Signature(By a director, president or of	her officer – if directors or officers have not been
	Thin the hands of a receiver, trustee, or other court
appointed fiduciary by that fi	
MARIA EUGENIA I	PELATI
(Typed or	printed name of person signing)
PRESIDENT	
	(Title of person signing)