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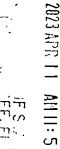
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Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

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Challans

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Mom's Pizza ir	1C		
DOCUMENT NUMB	IBER:P11000045805				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
-		Name of Contact Persor	1		
	Mom's Pizza Inc.				
-	Firm/ Company				
	3389 Sheridan St 107 Address				
-					
	Hollywood, FL 33021				
	City/ State and Zip Code				
	r	momsnypizza@gmail.c	om		
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, plea.	se call:			
	Liz Caamano	at (305	209-4207		
Name o	f 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		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

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Articles of Amendment to Articles of Incorporation of

•	Mom's Pizza Inc.	2022 400 1	
(Name of Corporation	on as currently filed with the Florida	Dept. of State)	AH 11: 57
	P11000045805		F U.ATE
(Docum	nent Number of Corporation (if known))	~ vaz, FL
Pursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporate</i>	ion adopts the follow	ving amendment(s)
. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc,' chartered," "professional association," or the abbre	" or "Co". A professional corporati	ated" or the abbrevious on name must con	ttion "Corp.,"
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>			
			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	- 1 cm - 1 losse to the character at	of the	
. If amending the registered agent and/or register new registered agent and/or the new registered		ie name or the	
Name of New Registered Agent			
Name of New Registered Agent			
	(Florida street address)		
N D N 1000 111		en:-	
New Registered Office Address:	(City)	, Florida /Zi	ip Code)
	(3.5)		,
ew Registered Agent's Signature, if changing Reg	istered Agent:	er Cali e del	
hereby accept the appointment as registered agent.	I am Jamiliar with and accept the oblig	gations of the position	n.
Signo	ature of New Registered Agent, if chang	zing	•

Check if applicable

☐ 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; 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 Doe		
_	_			
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address 3389 Sheridan St 107,
i) Change		Elizabeth Ga	rcia Caamano	Hollywood FL 33021
X Add				
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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If amending or adding	g additional Articles, ends, if necessary). (Be s	nter change(s) here:		
(Attach adamonal snee	is, if necessary). (be s	ресую)		/
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lf an amendment prov	<u>vides for an exchange, r</u>	reclassification, or cal	cellation of issued sh	ares,
(if not applicable,	menting the amendmen	it if not contained in t	he amendment itself:	
(y nor approxime,	/ ////			
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The date of each amendment(s) add	ption:	April 1, 2023	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
• •	(no more than 90 d	ays after amendment file date	<i>2)</i>
Note: If the date inserted in this blo document's effective date on the Department.		le statutory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adop action was not required.	ed by the incorporators, or boa	rd of directors without share	holder action and shareholder
★ The amendment(s) was/were adop by the shareholders was/were suff **The amendment(s) was/were adop *	-	umber of votes east for the an	nendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea			
"The number of votes cast fo	r the amendment(s) was/were s	sufficient for approval	
by		······································	
	(voting group)		
Dated	March 31, 2023	<u> </u>	
Signature	£		
(By a dire selected,	ctor, president or other officer by an incorporator – if in the halfiduciary by that fiduciary)		
	Elizabeth Garc	ia Caamano	
_	(Typed or printed nar	ne of person signing)	
	- Ul memī	> vic	E PRESIDENT
_	(Title of person signi	ng)	