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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:A&N ITALIAN	DELI, INC.	<del> </del>
DOCUMENT NUM	BER:P11000087558		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return ail corr	espondence concerning this mat	tter to the following:	
	Nunziata Bowers		
		Name of Contact Person	
	A&N Italian Deli, Inc.		
	-	Firm/ Company	
	17956 US HWY 19 N		
		Address	
	CLEARWATER, FL 33764		
		City/ State and Zip Code	<u> </u>
	felicedeli@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati Gabriella Delia	on concerning this matter, pleas	727	785-7502
	e of Contact Person	at ( Area Coo	le & Davtime Telephone Number
	for the following amount made		•
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

A&N I	TALIAN	DELI.	INC.
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			CL D . CCA-4-)	
•	of Corporation as curre	ntly tiled with the Flori	da Dept. of State)	
P11000087558				<u> </u>
***	(Document Numbe	r of Corporation (if know	vn)	
Pursuant to the provisions of section 607.	1006, Florida Statutes, th	ais <i>Florida Profit Corpo</i> i	ration adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
n/a				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,'	Corp," "Inc," or "Co".	A professional corpor	orated" or the abbrevion ration name must con	ation "Corp.,"
B. Enter new principal office address,	if annlicable:	n/a		
(Principal office address MUST BE A S				
		-	<u> </u>	
				H TI
C. Enter new mailing address, if appl	ieahle:		) + 1 1, 12	
(Mailing address MAY BE A POST		n/a		
			יאכי	A U
			<del></del>	्र <b>प्र</b>
		<del></del>		<del>-</del>
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office a w registered office addr	ddress in Florida, enter ess:	the name of the	
Name of New Registered Agent	n/a			
Name of New Registered Agent	-		<u>.</u>	<del></del>
	(Florida	street address)		<del></del>
	n/a	i street adaress)		
New Registered Office Address:	100	(City)	, Florida	 lip Code)
		(Cil))	(**	ar County
New Registered Agent's Signature, if c	hanging Registered Age	ent:		
I hereby accept the appointment as regis.	tered agent. I am famili	ar with and accept the of	bligations of the positio	n.
		B	<del></del>	
	Signature of Nev	w Registered Agent, if ch	anging	

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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S/T	GABRIELLA DELIA	1414 SADDLE COURT
X Add			PALM HARBOR, FL 34683
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Art heets, if necessary).	(Be specific)				
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	nrovides for an exc	hange, reclassifi	cation, or cancell	ation of issued sha	ares.	
lf an amendment i	plementing the amo	endment if not c	ontained in the a	mendment itself:		
lf an amendment provisions for im						
provisions for im	·ble, indicate N/A) =					
f an amendment provisions for im (if not applica	ible, indicate N/A)					
provisions for im	able, indicate N/A)					
provisions for im	ble, indicate N/A)		_ <del></del>			<del>.</del>
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(if not applica	ble, indicate N/A)					
provisions for im	ble, indicate N/A)					
If an amendment provisions for im (if not applica	ble, indicate N/A)					
provisions for im	ble, indicate N/A)					
provisions for im	ble, indicate N/A)					
(if not applica	ble, indicate N/A)					

•

	03/06/2023	
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
03/06/2023	3	
Dated		
Signature <u> </u>	mist Bows	_
selecte	lirector, 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 court attended fiduciary by that fiduciary)	
	Nunziata Bowers	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	=