(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Elizabeth Lytle Advised to Add, Davide Passarini AS VP

Office Use Only



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04/27/12--01013--026 **35.00

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	AMG CORP				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are su	submitted for filing.				
Please return all correspondence concerning this ma	latter to the following:				
Elisabeth	LYTLE				
DAMG CO	Name of Contact Person				
2021 1st	Firm/ Company AVERUE H				
ST PETER	Address SBURG, FL 33713 City/ State and Zip Code				
DAMG. CORPO (Bernail address: (10 be u	GHAIL · COM used for future annual report notification)				
For further information concerning this matter, plea	ase call:				
Elisabeth LYTLE	at (727) 851 9828				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



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9,

ndment(s) to

(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
HIA	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	H/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the
New Registered Office Address: (Florida stree	rt address), Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered As	
Sionature of New Registered Ac	ent, 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>	<u>John l</u>	<u>Doe</u>	
X Remove	<u>V</u>	Mike	<u>Jones</u>	
X Add	<u>sv</u>	Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	_	DAVIDE PASSARINI	VIA FONTANA 32/6 4005/L MALALBERGO CBOLOGNA) ITALY
2) Change Add Remove	P	_	DAVIDE PASSARINI	Via Fontana 32/6 40051 Malabergo 1806GHA) - Flory
Change Add Remove	<u></u>	<u>P</u>	DAVIDE PASSARIMI	Via Fontana 32/6 400 51 Halalbergo (BOOGHA) Italy
4) Change Add Remove	_5	<u>-</u>	DAVIDE PASSARINI	Via Fontana 32/6 400 51 Malabergo (BOLOGHA) Italy
5) Change Add Remove			DAVIDE PASSARINI	Via Fontana 32/6 40051 Nalalbergo (BOOGHA) Italy
6) Change Add Remove		_		

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)		/A	
			 	·
				
	 			
				
			-	
n amendment provides for an excl	hange, reclassificati	on, or cancellation	of issued shares,	
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not conta	ined in the amendr	nent itself:	
(y marappheume, mateure 1771)	. 1	10		
	\Box	/ P		
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				de la Contraction de la Contra

The date of each amendment(s) adop	tion:04_	105	2012
Effective date <u>if applicable</u> :	<u>H</u>	<u>/A</u>	
	(no more than 9	u aays ajt	ter amendment file date)
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		e number (of votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for	he amendment(s) was/wer	e sufficier	nt for approval
by			.,,
	(voting group)		
The amendment(s) was/were adopte action was not required. The amendment(s) was/were adopte action was not required.			
DatedO	1/05/2012 wide Pass		
Signature Do	uida Pass	terim	
selected, b		e hands of	rectors or officers have not been f a receiver, trustee, or other court
	DAVIDE	PASS	ARIHI
	(Typed or printed)	name of p	erson signing)
	Dine	ctor	
	(Title of person	signing)	