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SECRETARY OF STATE

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T. LEMIEUX

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	MAKE	A R	ETTER	WORLD	IHO
DOCUMENT NUMBER:	12 <u>00000</u>	6144			
The enclosed Articles of Amendment	and fee are submitte	ed for filing.			
Please return all correspondence conc	erning this matter to	the following	<u>z</u> :		
Flis	sabeth 1	YTLE			
	Na	me of Contac	et Person		
MAKE	A BETTER		RLD	INC	
2021	1st A.	Firm/Comp JEHUE	hany H.		
8t Pe	ETERSBUI	Address RG +	-L 3	3713	
	Ci	ty/ State and 2	Zip Code		
ROBERTO PC E-mail add	SGIFLOR dress: (to be used fo	DA QUE	HAIL ell report notif	COM ication)	
For further information concerning thi	s matter, please call	:			
Elisabeth LYT	ĹE	at (7 %	27) [851 9828	
Name of Contact Person	on	•	Area Code &	Daytime Telephone Nur	nber
Enclosed is a check for the following a	amount made payab	le to the Flori	da Departme	nt of State:	
	te of Status (A	43.75 Filing Tertified Copy Additional connclosed)	y (oy is (\$52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)	
Mailing Address			Street Add	MOSS	

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

to

Articles of Incorporation

of

WORLD (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

IIII APA 25 A II: 25 SECRETARY OF STATE. 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 <math>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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	ROBERTO POGGI	VIA BASTAROLO, 5 441123 - PONTECAGO SCURO (FE)
2)	<u> </u>	MARTINO POGGI	VIA BASTAROLO, 5 GUZZ-PONTELAGOSCURO (FE)
Change Add Remove	_\$_	ROBERTO POGGI	VIA BASTAROLO, 5 44123-PONTELAGOSCURO (FE) ITALY
4) Change Add Remove		ROBERTO POGGI	* "
5)Change Add Remove		ROBERTO POGGI	
6) Change Add Remove	T	ADRIANA MARANINI	VIA BASTAROLO 15 44123-PONTELAGOSCURO (FE) 1TALY

f amending or adding additional Artic attach additional sheets, if necessary).			H/A	
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If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassificated and the second second in the second	tion, or cancel tained in the a	llation of issued amendment itse	l shares, lf:
			<u> </u>	
				

The date of each amendment(s) adoption: _	04	05	2012
Effective date <u>if applicable</u> :	MA	; 	
	(no more tha	n 90 days	s after amendment file date)
Adoption of Amendment(s) (<u>Cl</u>	HECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The numb	per of votes cast for the amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes east for the ame	endment(s) was/v	were suffi	icient for approval
by			.,,
· (vo	oting group)		
The amendment(s) was/were adopted by the action was not required.	board of directer	ors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators v	vithout sh	archolder action and shareholder
Dated04/05	1,2012		
Signature_ Robe	rto too	201	
(By a director, pre-			f directors or officers have not been
			s of a receiver, trustee, or other court
appointed fiduciar	y by that fiducia	ıry)	_
	Robi	ERTO	PoGi
	(Typed or printe	ed name	of person signing)
	$\mathcal{D}i$	rect	OV
	(Title of pers	son sianii	