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(City/State/Zip/Phone #)	10/09/1501013011 **35.00
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## COVER LETTER

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TO: Amendment Section Division of Corporations

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	La Stella Ristoran	te Inc	
	ATION: La Stella Ristoran		
DOCUMENT NUME	ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	· ·
	Buran Abouramani		
		Name of Contact Person	n
	La Stella Ristorante, Inc.		****3
-		Firm/ Company	
	142 East Granada Blvd. Suit	te 211	
	······································	Address	······································
	Ormond Beach, Florida 3217	6	
-		City/ State and Zip Cod	e
tosaca	naormondbeach@Gmail.cpn		
	• •	ed for future annual report	notification)
		·	,
For further information	concerning this matter, pleas	e call:	
Buran Abouramani		at ( <u></u>	
Name o	f Contact Person	Area Co	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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

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LA Stella Ristor.	ANTE, INC	
( <u>Name of Corpo</u>	ante, INC ration as currently filed with the F	lorida Dept. of State)
P 1200000 9003	ocument Number of Corporation (if k	
(Do	cument Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A professio	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
		· · · · · · · · · · · · · · · · · · ·
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or regined agent and/or regined agent and/or the new registered agent ag		ter the name of the
Name of New Registered Agent	<u> </u>	
	(Florida street address)	
New Registered Office Address:	·····	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	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

## 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)

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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 PT John Doe X Remove V Mike Jones <u>X</u> Add SV Sally Smith Type of Action <u>Title</u> Name Address (Check One) Р Shepetim Abouramani 22 Coquina Lake Drive 1) \_\_\_\_ Change Ormond Beach Add Florida, 32174 Remove 142 East Granada Blvd. Р Buran Abouramani 2) \_\_\_\_ Change Ormond Beach х Add Florida, 32176 Remove 3) Change \_\_\_ Add Remove 4) Change Add Remove 5) \_\_\_\_ Change Add Remove 6) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove

## E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

141501:59p Toscana ct-13-2015 05:57 P	M SAL MEDITERRANEO	386-492-5343 386 672 7127	p.1 P
The date of each amendment	10/13/2015 (s) adoption:		. if other t
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days aft	er amendment file dates	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable stati c Department of State's records.	nory filing requirements, this date w	ill not be listed
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number i re sufficient for approval.	of votes cast for the amendment(s)	
	e approved by the shareholders through votir d for each voting group entitled to vote sepa		
	cast for the amendment(s) was/were sufficie		
by	(vetang group)	۰۹ روستین بودیو در ارد	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without s	hareholder action and shareholder	
	c adopted by the incorporators without share	holder action and shareholder	
action was not required.			
10/13. Dated	2015		
Cont d			
Signature	y a director, president or other officer - if di		
(8	y a director, president or other officer - if di	rectors or officers have not been	
	lected, by an incorporator – if in the hands o pointed fiduciary by that fiduciary)	ra receiver, trustee, or other court	
-r	Buran Abduramanı		
	(Typed or printed name of p		
	••	keson signing?	
	President	an a	
	(Title of person	signing)	
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