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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company, eme Address City/ State and Zip Code mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

UPW CORP		
(Name of Corporation as currently filed with the Florid	a Dept. of State)	
P1200011095		
(Document Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	da Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:		·
rva.		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	ted" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ——————————————————————————————————	r/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H/A	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name	of the
Name of New Registered Agent		
New Registered Office Address: (Florida street ad HA)	ddress) , Flo1ida	N/A (Zip Kode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	•	of the position.
Signature of New Registered Agen	t, if changing	7017 API SECRE

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	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove		D'AMICO ACHILLE	Via Giuseppe Salvioli na 90100, IPALERHO Italy
2) Change Add Remove	<u>P</u> _	D'Ahico ACHILLE	Via Giuseppe Salvioli m2
3) Change Add Remove	9	D' Ahico IVAH .	VIALE LAZÍO M 4 90144, PALERIZO Italy
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artication and additional sheets, if necessary).	(Be specific)		MM	
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		D. al	a	
If an amendment provides for an exch provisions for implementing the amer	ange, reciassification	on, or cancellation	or issued snares, ment itself:	
(if not applicable, indicate N/A)	addition to the contra	med in the atticity	ment tiseri	
	ı	A/A		
		1/14		
- construction - construction				

The date of each amendment(s) adoption:
Effective date if applicable: T/A (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 04/05/2018 Signature D'annies De La le
Signature D'annies De La le
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
D'Anico ACHILLE
(Typed or printed name of person signing)
Director
(Title of person signing)