P12000068159

(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
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SECRETARY OF STATE OFFICER OF CORPORATIONS

C.Lewis4

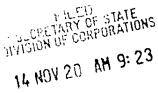
COVER LETTER

TO: Amendment Section Division of Corporations

BENEDE NAME OF CORPORATION:	ETTO MANAGEMENT CORP.				
P120000681 DOCUMENT NUMBER:	59				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning	ng this matter to the following:				
ROXANA SALERI	NO				
BENEDETTO MA	Name of Contact Person NAGEMENT CORP				
Firm/ Company 18061 BISCAYNE BLVD. #1701-2N					
AVENTURA, FL.	Address 33160				
	City/ State and Zip Code				
INFO@RSMODA.CO	М				
E-mail	address: (to be used for future annual report notification)				
For further information concerning this ma	itter, please call:				
ORNELLA BONO	305 924-6002 at ()				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amou	ant made payable to the Florida Department of State:				
□ \$35 Filing Fee □\$43.75 Filing Certificate of					
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



BENEDETTO MANAGEMENT CORP.

(Name of Corporation as currently filed with the	Florida Dept. of State)	
P12000068159		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co	
B. Enter new principal office address, if applicable:	18061 BISCAYNE BLVD	
(Principal office address MUST BE A STREET ADDRESS)	#1701-2N	
•	AVENTURA, FL. 33160	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18061 BISCAYNE BLVD	
	#1701-2N	
	AVENTURA, FL. 33160	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre	ss:	
Name of New Registered Agent		
(Florida s	street address)	
· ·	,	
New Registered Office Address: (Cit	y) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.	
Signature of New Registered	d 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)

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	MARCELO BONO	18061 BISCAYNE BLVD
X Add			#1701-2N
Remove			AVENTURA, FL. 33160
2) Change	Đ	MARCO BONO	18061 BISCAYNE BLVD
2) Change X Add			#1701-2N
Remove			AVENTURA, FL. 33160
X 3) Change	D	ORNELLA V. BONO	18061 BISCAYNE BLVD
			#1701-2N
Add			AVENTURA, FL. 33160
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Ch			
6) Change			
Add			
Remove			

G. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THE BOARD OF DIRECTORS OF THE CORPORATION SHALL CONSIST OF FIVE (5) MEMBERS.
THE NUMBER OF MEMBERS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY
THE BY-LAWS BUT NEVER BE LESS THAN THREE (3).
THE NAME OF THE DIRECTORS OF THIS CORPORATION ARE:
PRESIDENT: ROXANA I. SALERNO
VICE-PRESIDENT: MARCELO L. BONO
DIRECTOR: ORNELLA V. BONO
DIRECTOR: MARCELO BONO
DIRECTOR: MARCO BONO
H. 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) N/A

The date of each amendment(s) ado	ption:	FILE STATE ther than
date this document was signed. NOVE	EMBER 13TH, 2014	SECHETARY OF STATIONS than
Effective date <u>if applicable</u> :		r amendment file datel, NOV 20 AM 9: 23
	(no more than 90 days after	r amendment file datel, NUV 20
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of icient for approval.	votes cast for the amendment(s)
	wed by the shareholders through voting ach voting group entitled to vote separa	
	or the amendment(s) was/were sufficient	• •
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareho	lder action and shareholder
11/24/2014		
DatedSignature	رتقار	
selected,	ector, president or other officer – if direct by an incorporator – if in the hands of a d fiduciary by that fiduciary)	
F	OXANA SALERNO	
_	(Typed or printed name of per	rson signing)
P	PRESIDENT	

the

(Title of person signing)