## P12 000078460

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: TTALIA INDEPEN	DENT USA CORP.	
DOCUMENT NUMBER	R:R		
	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
Cì	nristopher A. DiSchino, Esc	<b>}</b> .	
		Name of Contact Person	1
Di	Schino & Schamy, PLLC		
		Firm/ Company	
47	70 Biscayne Blvd., Suite 1:	280	
_		Address	
M	iami, Florida 33137		
		City/ State and Zip Code	;
christon	oher@dsmiami.com		
	••	ed for future annual report	notification)
For further information of	oncerning this matter, pleas	e call:	
Christopher A. DiSchino	,	at (	581-2542
	Contact Person	at (	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	riment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is unclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Be	g Address ment Section on of Corporations on 6327 usee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, F1, 32301

## Articles of Amendment to Articles of Incorporation of

ITALIA INDEPENDENT USA CORP.			
(Name of Corporation as currently	filed with the Florida Dept. of State	)	- <del></del>
P12000078460			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the fe	ollowing ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name	the abbrevi	iation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
,			<del>_</del>
		<u>Σ'</u> υ : :	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CAR.	
		63	- r
		<del></del>	<u> </u>
			- <b>3</b> 0 €
D. If amending the registered agent and/or registered office addre		55	$\Psi$
new registered agent and/or the new registered office address:		84	₩ 22
Name of New Registered Agent			• -
(Florida stre	et adáress)		
New Registered Office Address:	, Florida		
•	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the po	sition	
Signature of New Re	gistered 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:

 $P = President; \ V = Vice President; \ T = Trassurer, \ S = Secretary, \ D = Director; \ IR = Trustee, \ C = Chairman or Clerk; \ CEO = Chief Executive Officer, \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PSI 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CEO	MARIO PIETRIBIASI	
Add			
X Remove			
2) Change	CEO	MARCO CORDEDDU	4770 Biscayne Blvd.
X Add			Suite 1280
Remove			Miami, Florida 33137
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Adđ			
Remove			

Attach additional sheets, ij	f necessary). (B	e specific)				
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	- C			45 <b>.</b>		
an amendment provide provisions for implement (if no: applicable, ind	ting the amendm-	ent if not cont	ained in the am	endment itself:	14765,	
				·		
			-1-			
<del></del>				<u> </u>		
					_	

	October 9, 2019	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Effective date in appricable.	(no more than 90 days after amendment file date)	•
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes cast for the amend ficient for approval.	lment(s)
☐ The amendment(s) was/were app.  must be separately provided for	roved by the shareholders through voting groups. The following a each voting group entitled to vote separately on the amendments.	statement st:
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were ado action was not required.	eted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	lder
October 9, 2 Dated	2019	
Signature	mm - Chijili	
selected	rector, president or other officer—if directors or officers have no , by an incorporator—if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)	
	Massimo Cavigioli	
•	(Typed or printed name of person signing)	
	Vice President	
•	(Title of person signing)	