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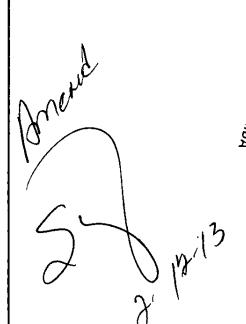
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COVER LETTER

TO: Amendment Section Division of Corporations		_	
NAME OF CORPORATION: I LO	re NY Pizs	za Resturant	"FINC.
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:	·	
ROSITA ALAVA			
	Name of Contact Perso		
I LOVE NY PIZZ	<u>A RESTURANT</u>	INC	
4000 E LBAD/ 50	Firm/ Company		
1660 E HWY 50	Address		
CLERMONT, FL			
OLLINOITY, I L	City/ State and Zip Cod	ie	•
VIOMABA DIOSON			
XIOMARA_DIOS@Y E-mail address: (to be u	sed for future annual report	notification)	
For further information concerning this matter, plea	se call:		
ROSITA ALAVA	_{at (} 407	, 729-4742	
Name of Contact Person	. Area Co	ode & Daytime Telephone Number	_
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\times \text{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)	••
Mailing Address		Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton	Building	
Tellaharraa El 27214	2661 0	Evagutiva Center Cirola	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

I LOVE NY PIZZA RESTURAN INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P12000092921 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following 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: . Florida 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

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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	•
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PRES	MANUEL ANDRADE	1660 HWY 50
Add			CLERMONT, FL 34711
Remove		•	
2) Change			
Add			
Remove		•	
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			·
Add			
Remove		•	
5) Change			
Add			
Remove		·	
6) Change			
Add			
Remove			

ttach additional sheets, if necessary,). (Be specific)			
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		•		
an amendment provides for an ex provisions for implementing the an	<u>change, reclassif</u>	<u>ication, or cance</u> contained in the	ellation of issued sh amendment itself:	ares,
(if not applicable, indicate N/A)				
				
	 			
				

The date of each amendment(s) adoption:		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required. Dated 02/06/2	total by the incorporators without shareholder action and shareholder	
	rector specifient or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary)	
	ROSITA ALAVA	
-	(Typed or printed name of person signing)	
,	VICE PRESIDENT	
_	(Title of person signing)	