## P120000 94809

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LE SCIARRETTI	NE, INC.			
	BER: P12000094809				
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	itter to the following:			
	OSMANIA FUENTES				
		Name of Contact Perso	n		
		Firm/ Company			
	5930 NW 99TH AVE UNIT	4			
		Address			
	DORAE, FL, 33178	<del></del>			
		City/ State and Zip Cod	e		
fuent	eso@campanarello.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
OSMANIA FUENTE	S	305 at (	_) 299-9814	<u>.</u>	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	_ <del>[]</del>	
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	artment of State;	1.7	
□ \$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)	56 :3134 BK15: 03	
Ame	ling Address endment Section	Amend	Address Iment Section		
DIVE	sion of Corporations	Divisio	on of Corporations		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LE SCIARRETTINE, INC.		
(Name of Corpor	ration as currently filed with the Florida Dept. of S	State)
P12000094809		
(Do	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporation</i> adopts	the following amendment(s)
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	word "corporation," "company," or "incorporated orp," "Inc," or "Co". A professional corporation the abbreviation "P.A."	I" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
		<u>.</u> .
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of red office address:	the Section 1
Name of New Registered Agent		
		E 74
<del></del>	(Florida street address)	93 18
New Registered Office Address:	, Flor	rida 👼
	(City)	(Zip Code)
	Registered Agent:  If an familiar with and accept the obligations of the	,
$S_0$	ignature 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.

## Example: X Change PT <u>John Doe</u> X Remove $\underline{V}$ Mike Jones <u>X</u> Add $\underline{SV}$ Sally Smith Type of Action Title Name Address (Check One) PD CIARCIA WALO, RAFAEL 5930 NW 99TH AVE 1) \_\_\_\_ Change UNIT 4 \_\_ Add DORAL, FL. 33178 \_\_\_\_ Remove SCIARRETTA CIARCIA, ADELINA 5930 NW 99TH AVE Change **UNIT 4** \_\_\_\_ Add DORAL, FL, 33178 Remove CIARCIA SCIARRETTA, MARIA 5930 NW 99TH AVE Change **UNIT 4** \_\_\_ Add DORAL, FL. 33178 Remove S CIARCIA SCIARRETTA, CARLO 5930 NW 99TH AVE \_\_ Change UNIT 4 \_ Add DORAL, FL, 33178 \_ Remove *51* \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove 6) \_\_\_\_ Change \_\_ Add \_ Remove

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<u> </u>
<del></del>	
<del> </del>	
<del></del>	
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f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<del>-</del>	

	06/16/2019	*C - Ab Ab Ab
The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date if applicable:	6/16/2019	
in appricate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes c	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/19/20 Dated Signature		
(By	a director president or other officer - if directors or officers have not bee	
	eted, by an incorporator — if in the hands of a receiver, trustee, or other co- pinted fiduciary by that fiduciary)	urt
	RAFAEL CIARCIA WALO	
	(Typed or printed name of person signing)	<del></del>
	PD	
	(Title of person signing)	<del></del>