## P13000001758

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13 OCT -7 AM 11: 15

OCT 18 2013 T. CARTER

## **COVER LETTER**

NAME OF CORPORATIONS DOCUMENT NUMBER:	Vini 1ta P130000	1. /	ration	
The enclosed Articles of Amend	iment and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
	Rosa	La Gambine Name of Contact Person	<u></u> n	
<del>- , - , - , - , - , - , - , - , - , - ,</del>	Kec	stered Al	gent	
1142 SW Kickaboo Road				
Port St. Lucie FC 34953				
City/ State and Zip Code  Vini +aliani corp 9 amail- com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rosa La	Cambine	at ( <u>772</u>	34-2612	
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the follo	wing amount made p	payable to the Florida Depa	artment of State:	
	3.75 Filing Fee & ertificate 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)	
<u>Mailing Addı</u> Amendment S	*		Address Iment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section
Division of Corporations

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

## Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Articl	les of Incorporation		
	of C	13 OCT -7	AH II: 15
Vini Italiani	Corporation		
(Name of Corporation as currently filed w	ith the Florida Dept, of State)		
P138000	00/758		
(Document Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ites, this Florida Profit Corporation	adopts the following	g amendment(s)
A. If amending name, enter the new name of the corpora	ation:		
			The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A professional corpo viation "P.A."	ration name must o	ontain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	$\frac{Unition}{2}$	6	
		ucie FL E	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2123 NW	Settle Au	e
	Poit St. L	36 ucie Flo	34986
<ol> <li>If amending the registered agent and/or registered off new registered agent and/or the new registered office</li> </ol>		ame of the	
Name of New Registered Agent		_	
	lorida street address)	_	
New Registered Office Address:	. Florid	a	
New Negisterea Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		one of the position	
польну иссерь те прропители из гезычегей изет. Тит з	ammar wan ana accept the oongane	нь ој те розшоп.	
<del></del>		<u> </u>	
Signature of New Reg	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 = 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 D	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add Remove	P	<del></del>	Rosa Silipo	11425W kickabod Road, PoltSt. Lucie FL 34953
2) Change Add Remove	<u> </u>	*****	Mirco Baldisserotto	Via Contini N.4 Sesto Fiorentino Italy 50019
Add Remove				
4) Change Add Remove				
5) Change Add Remove		_		
6) Change Add Remove		<del></del>		

If amending or adding additional Artic Attach additional sheets, if necessary).	
·	
f an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

date this document was signed.	option:	, ii other than the
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
the amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) fficient 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 the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
$\mathcal{K}$		
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 10	3/2013	
Signature	Man sely	
	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Kosa 5,1,00	
•	(Typed or printed name of person signing)	•
	President/ Registeral Agent	
•	(Title of person signing)	