P13000013746

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	- #)
	WAIT	MAIL
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COVER LETTER

Division of Corporations NAME OF CORPORATION: IL GUSTO FINO, INC. DOCUMENT NUMBER: P13000013746 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WALTER RAMIREZ Name of Contact Person Firm/ Company 11760 BIRD RD SUITE 622A Address MIAMI, FL 33175 City/ State and Zip Code DRRAMIREZ@WALTERRAMIREZMD.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WALTER RAMIREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

□ \$35 Filing Fee

TO: Amendment Section

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

■\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

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

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

IL GUSTO FINO, INC.			
(Name of Corporation as currently filed with the Flo	rida Dept. of State)		
P13000013746			
(Document Number of Corporation (if k	(nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	N/A A C		
(Principal office address MUST BE A STREET ADDRESS)			
	3: 29		
C. Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent N/A			
(Florida stree	t address)		
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 with	th and accept the obligations of the position.		
Signature of New Registered Ag	ent, 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 Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>V</u>	_	WALTER RAMIREZ	11140 NW 77 TERR.
X Add				DORAL, FL 33178
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE IV:
THE NUMBER OF SHARES THE CORPORATION IS AUTHRORIZED
TO ISSUE IS: 100
MARIA F. RAMIREZ (P)- 90 SHARES
WALTER RAMIREZ (V)- 10 SHARES
F. 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) adoption: MAY 29, 2013			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.		
	proved 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)		
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder		
Dated 05/29/	2013		
Signature (By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)		
	WALTER RAMIREZ		
	(Typed or printed name of person signing)		
	VICE PRESIDENT		
	(Title of person signing)		