P13000027740

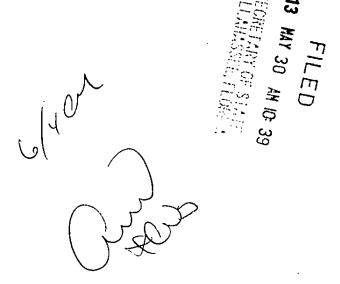
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COVER LETTER

Division of Corporations NAME OF CORPORATION: LA ROSA PIZZERIA.INC P13000027740 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROSA ELISIS** Name of Contact Person LA ROSA PIZZERIA, INC Firm/ Company 487 KASSIK CIR Address ORLANDO FL 32824 City/ State and Zip Code Mussallams@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 3838711 47 363 87 // ROSA ELISIS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: Certified Copy □ \$35 Filing Fee \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

LA ROSA PIZZERIA.INC

(Name of Corporation as	currently filed with the Flor	ida Dent of State)	 		
P13000027740	currently filed with the Fior	ida Dept. of State			
(Documen	t Number of Corporation (if ki	nown)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation add	opts the following a	ımendr	ment(s) to
A. If amending name, enter the new na	me of the corporation:				
			7	he ne	?W'
name must be distinguishable and cont			rated" or the abb	reviati	on
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated assoc			tion name must co	ntain t	he
word Chartered, projessional associal	non, or the aboveviation 1.7	1.	26	ಚ	
B. Enter new principal office address,			<u>- 52</u>	32	
(Principal office address MUST BE A ST	TREET ADDRESS)			ΑY	TH.
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of			ET CO	30 AM IC 39	LED
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		s in Florida, enter the nam	e of the		
	487 KASSIK CIR				
	(Florida street	address)			
New Registered Office Address:	ORLAND		32824		
Hes Registered Synce Hadress.	(City)	, 1 1011du	(Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			of the position.		

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 Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	BASSAM ISIS	487 KASSIK CIR
Add	7/	2	ORLANDO FL
Remove 7	Passo	7	32824
2) Change	Р	ROSA ELISIS	487 KASSIK CIR
Add Rose	8/157		ORLANDO FL
Remove			32824
3) Change /	15	Mohammad Elisis	487 KASSICCIY
Add Cu	X .		Orlando PZ
Remove			32824
4) Change			
,, Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	· · · · · · · · · · · · · · · · · · ·
<u>if an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares, and and and itself:
provisions for implementing the ame	The state of the s
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	

The date of each amendment(s) a	adoption: MA 28, 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 ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated MA	28,2013
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ROSA ELISIS
	(Typed or printed name of person signing)
	PRESIDEN Rasa & 1518
	(Title of person signing)