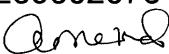
P13000043353

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

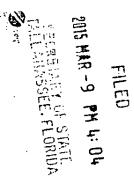
Office Use Only



600269602076



03/09/15--01036--032 **43.75



3/11/15

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Cafe Classico Pizza and Restaurant Incadocument Number: P13000043353 | | | | | | |
|--|---|---|--|--|--|--|
| The enclosed <i>Articles of Amendment</i> and fee are submitted for filing. Please return all correspondence concerning this matter to the following: | | | | | | |
| | | | | | | |
| | Firm/ Company | | | | | |
| | Address | | | | | |
| | | City/ State and Zip Cod | e | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | | |
| For further information | concerning this matter, plea | se call: | | | | |
| Name o | f Contact Person | at (| de & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| □ \$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) | | | |
| Mailing Address | | Street | Address | | | |

Amendment Section 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

FILED

2015 MAR - 9 PM 4: 04

SELMATARY OF STATE
TALL ATTASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State) P13000043353

Zirer

(Document Number of Corporation (if known)

dment(s) to

| A. If amending name, enter the new name of the corporation | on: |
|---|--|
| N/A | |
| name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.' word "chartered," "professional association," or the abbrevia | or "Co". A professional corporation name must |
| B. Enter new principal office address, if applicable: | 3200 East Bay Dr. Suite L |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Largo, FL 33771 |
| | |
| C. Enter new mailing address, if applicable: | 3200 East Bay Dr. Suite L |
| (Mailing address MAY BE A POST OFFICE BOX) | , |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | Largo, FL 33771 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | Largo, FL 33771 |
| (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | Largo, FL 33771 |
| D. If amending the registered agent and/or registered office | Largo, FL 33771 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent | Largo, FL 33771 e address in Florida, enter the name of the ldress: |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent (Floridary) | Largo, FL 33771 |
| D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office and NA Name of New Registered Agent (Floral New Registered Office Address: | Largo, FL 33771 e address in Florida, enter the name of the ldress: |

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 Doe | |
|-------------------------------|--------------|------------------|---------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u>D</u> | THERESA SALIERNO | 845 S. Gulfview Blvd B304 |
| Add Remove | | | Clearwater Beach, FL 3376 |
| 2) Change | V | MICHAEL SALIERNO | 865 S. Gulfview Blvd 211 |
| Add Remove | | | Clearwater Beach,FL 33767 |
| 3) Change | ··· | | |
| Remove | | | |
| 4) Change | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| 6) Change | | <u> </u> | |
| ∐_ ∧dd | | | |
| Remove | | | |

| E. If amending or adding additional Arti | icles, enter change(s) here: |
|---|---|
| (Attach additional sheets, if necessary). | (Be specific) |
| N/A | |
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| . If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) N/A | |
| N/A | |
| | |
| | |
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| | |

| The date of each amendment(s) addate this document was signed. | loption: | , if other than th |
|--|---|--------------------|
| Effective date if applicable: | | |
| Enecuve date <u>it applicable</u> . | (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 su | 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 | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| Dated 3 - 1 | 1-2015 | |
| Signature | nesnio Solienno | |
| • | rector, president or other officer - if directors or officers have not been | |
| | I, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appoint | ed fiduciary by that fiduciary) | |
| _ | ANTONIO SALIERNO (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| _ | PRESIDENT | |
| | (Title of person signing) | |