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SECRETARY OF STATE
AND ASSEE, FLORIDA

G GOLDEN - 4 2018

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: PIZZA NAPOLI, INC. DOCUMENT NUMBER: P13000044538 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TRACEY L. COLLINS Name of Contact Person Firm/ Company Address 1 KERCHEVAL AVE., GROSSE POINTE FARMS, MI 48236 City/ State and Zip Code DTSPIZZANAPOLI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (586) 552-8777

Area Code & Daytime Telephone Number TRACEY L. COLLINS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

2018 JUN - 1 PM 3: 25

PIZZA NAPOLI, INC.		SECRETARY OF STATE FALLAHASSEE.FLORID
(Name of Corporation as current	ly filed with the Florida Dept. of State)	TACLAHASSEE. FLORID
P13000044538		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation;		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1 KERCHEVAL AVE.	
	GROSSE POINTE FARMS, MI 48230	6
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:	
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	. Florida	
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	.	
I hereby accept the appointment as registered agent. I am familiar		ition.
Signature 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)

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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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smjth	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Presiden	Tracey L. Collins	948 Aspen Drive
Add			Rochester, MI 48307
Remove			
2) Change	CEO	Charles Davis	c/o 23100 Jefferson Ave.
Add			St. Clair Shores, MI 48080
x Remove			, , , , , , , , , , , , , , , , , , ,
3) Change	CEO	Nicholas Zahron	314 Sabal Park Place #206
x Add			Longwood, FL 32779
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Articles tets, if necessary).— (E	Be specific)			
					
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 F	ovides for an exchang	an roalaccification	a or asscallation	of icenael charge	
provisions for imp	ementing the amenda	nent if not contain	n, or cancenation on the original of the origi	rent itself:	
(if not applicab	le, indicate N/A)		-		
				<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/09/18 Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed of printed name of person signing)	Ivarey (, Nichol.
Provident	•
(Title of person signing)	