## P130000 44538

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: PIZZA NAPOLI, I	NC.		
	IBER: p13000044538			
The enclosed Article.	s of Amendment and fee are su	binitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	TRACEY L. COLLINS			
	Name of Contact Person			
	Firm/ Company			
	3127 TWISTED OAK LOOP			
	Address			
	KISSIMMEE, FL 34744		<u>.</u>	
		City/ State and Zip Cod	e	
	dtspizzanapoli@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
Tracey L. Collins		at ( 586	419-8220	
Name of Contact Person		at (586 ) 419-8220  Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Arr Div P.C	niling Address nendment Section vision of Corporations ), Box 6327 llahassee, FL 32314	Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Pizza Napoli, Inc.					
(Name	of Corporation as curren	tly filed with the Florida Dept.	of State)		
P13000044538					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this	s Florida Profit Corporation add	opts the following a	amendm	ient(s)
A. If amending name, enter the new n	ame of the corporation:				
				The ne	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation na	or the abbreviation me-must-contain	"Corp the wor	 d
B. Enter new principal office address, if applicable:		3127 Twisted Oak Loop			
(Principal office address MUST BE A S		Kissimmec, FL 34744		7929	
				7021 HAR 23	, .r. - 1
				23	7
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		3127 Twisted Oak Loop			
· · · · · · · · · · · · · · · · · · ·		Kissimmee, FL 34744		<u>ب</u> ج	
		<del>,</del>		PH 4: 04	
			<del></del>		
D. If amending the registered agent ar			e of the		
new registered agent and/or the new		<u>ss:</u>			
Name of New Registered Agent	Kenneth C. Collins				
	3127 Twisted Oak Loop				
	(Florida s	treet address)			
New Registered Office Address:	Kissimmee		Florida		
		(City)	(Zip Coc	de)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen	t:	oCeles monition		
i nereov accept the appointment as regist	еген адели 1 ат јатипа <b>r</b>	wan and accept the onligations	oj ine position.		

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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) X Change	P	Tracey L. Collins	3127 Twisted Oak Loop
Add			Kissimmee, FL 34744
Remove			
2) Change	C	Kenneth C. Collins	3127 Twisted Oak Loop
XAdd			Kissimmee, FL 34744
Remove 3 ) Change	С	David P. Sutherland	1 Kercheval Ave.
Add			Grosse Pointe Farms, MI 48236
X Remove			
4) Change	<u>s</u>	Stephanie N. Marotta	1 Kercheval Ave.
Add			Grosse Pointe Farms, MI 48236
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		<del> </del>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

٠,

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this copartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
■ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmen ifficient for approval.	1(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selecte	irector, president or other officer – if directors or officers have not beer d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Tracey L. Collins	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	