P13000090886

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COVER LETTER

TO: Amendment Sect Division of Corpo									
NAME OF CORPORATION: CARVE INC									
DOCUMENT NUMBER: P1000090886									
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.							
Please return all corres	spondence concerning this mat	ter to the following:							
	AMADEO ANDRE	ES MAZZOLINI							
		Name of Contact Perso	n						
	AMADEO A MAZ	ZOLINI PA							
		Firm/ Company							
	2069 NE 163 ST								
		Address							
	NORTH MIAMI B	EACH FLORIDA	A 33162						
		City/ State and Zip Cod	e						
aar	mazzolini@hotmai	l.com							
	_	ed for future annual report	notification)						
For further information	n concerning this matter, pleas	e call:							
AMADEO MAZZOLINI a., 305 , 945-3686									
		at (305	945-3686						
Name of Contact Person Area Code & 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)						
<u>Mai</u>	ling Address	Street	Address						
Ame	endment Section	Amendment Section							
	sion of Corporations Box 6327		on of Corporations						
	ahassee, FL 32314	Clifton Building 2661 Executive Center Circle							

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

CARVE INC			_
(Name of Corporation as currently	filed with the Florida Dept. o	f State)	
P13000090886			_
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida Profit</i>	Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	orp," "Inc," or "Co". A profe the abbreviation "P.A." ble: DDRESS)	ssional corporation name must	abbreviation
D. If amending the registered agent and/or regist new registered agent and/or the new registere		, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	t. I am familiar with and accep		
Signature of t	New Registered Agent, if chang	mg	

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	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sı	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	CARLOS CAPRIOTTI	16851 NE 23 AVE 519
Add				MIAMI FLORIDA 33160
Remove				
2) Change	VP	_	AMADEO A MAZZOLINI	1849 S OCEAN DR 214
Add				HALLANDALE FL 33009
Remove				
3) Change				
Add				-
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

(Atı	tach <i>ad</i>	lditional	sheets,	if nece.	ssary).	(Be sp	ter chan ecific)	ge(s) no	<u>ere</u> ;					
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<u>If a</u>	an ame	<u>ndment</u>	provid	des for	an exch	ange, r€	eclassific	ation,	or canc	ellation o	of issuec	l shares.	ı	
<u>pr</u>	rovisio (if no	ns for in ot applic	np <u>leme</u> cable, in	enting to ndicate	he amei N/A)	<u>ndment</u>	<u>if not co</u>	<u>ontaine</u>	<u>d in the</u>	amendn	nent itse	e <u>lf:</u>		
									•					
														_

The date of each amendment(s) adopt date this document was signed.	ion: TEBNOAN: 18 2013	, if other than the
· ·	UARY 18 2015	
Effective date it applicable;	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted laction was not required.	by the incorporators without shareholder action and shareholder	
Dated_FEBRUARY	18 2015	
Signature		
selected, by a	r, president of other officer – if directors or officers have not been un incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
LIDI	A CAPRIOTTI	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	