P130000 96117

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHAGALLA INC	·	· -
DOCUMENT NUMB	ER: P13000096117		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	VALENTINO PORCU		
		Name of Contact Person	
	SHAGALLA INC.		
Firm/ Company			
	8362 NW 70 st		
Address			·
	MIAMI 33166		
		City/ State and Zip Code	2
accou	nting@valmarseafood.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VALENTINO PORCU		at (239	2005880
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

SHAGALLA INC.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P13000096117	Ţ
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendr
A. If amending name, enter the new name of the corporatio	<u>n:</u>
	The n
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 contain t
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	27:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	Florida
New Negation of Office Marcos.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of I	New Registered Agent, if changing
J. V.	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or Di if necesso ector title President; = Chief F r, Directo in the fol- ves the co	rector being added: try) by the first letter of the office title: T= Treasurer; S= Secretary; D= Director inancial Officer. If an officer/director hold r would be PTD. lowing manner. Currently John Doe is listed rporation, Sally Smith is named the V and S	officer/director being removed and title, n: TR= Trustee; C = Chairman or Clerk; CEC s more than one title, list the first letter of ec d as the PST and Mike Jones is listed as the V. These should be noted as John Doe, PT as a
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	PT	VALENTINO PORCU	12700 N BAYSHORE DR
Add			NORTH MIAMI, FL 33181
X Remove			FLORIDA
2) X Change	PVTSD	STEFANIA BOI	12700 N BAYSHORE DR
Add			NORTH MIAMI, FL 33181
Remove			FLORIDA
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	i
(Attach additional sheets, if necessary). (Be specific)	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ı
(y nor appreciate, material form)	ι
· · · · · · · · · · · · · · · · · · ·	+
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The date of each amendment		, if othe:
date this document was signed	09/19/2019	İ
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	T
	this block does not meet the applicable statutory filing requirements, this date will no he Department of State's records.	ot be list
Adoption of Amendment(s)	(CHECK ONE)	
• •	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	ļ
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.	autopios of the meorpolation without animological action and animological	
09/19 Dated	/2019	
Signature _	Stefania Boi	' I
() Si	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	STEFANIA BOI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	