P14000021444

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C.M.

COVER LETTER

TO: Amendment Section Division of Corporations	ALCONOMIC TO THE PARTY OF THE P
NAME OF CORPORATION: Burrata Pugliese Inc	
DOCUMENT NUMBER: P14000021444	77 5 TO 15 T
The enclosed Articles of Amendment and fee are submitt	ted for filling.
Please return all correspondence concerning this matter to	the following:
Pablo O Protti	
Na	ame of Contact Person
Burrata Pugliese Inc	
	Firm/ Company
10415 SW 154th Ct, Suite 2	
	Address
Miami, FL 33196	
Ci	ty/ State and Zip Code
gracepablo@yahoo.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Pablo O Protti Name of Contact Person	at 305-382-3113 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Dayume Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
X \$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATX1

Articles of Amendment to Articles of Incorporation of



Burrata Pugliese Inc				
(Name of Corporation as currently filed with t	he Florida Dept. of State)			
P14000021444 (Document Number of Corporation	n (if known)			
(bottiment harmon of corporatio				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> amendment(s) to its Articles of Incorporation:	ida Profit Corporation adopts the f	ollowing		
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and contain the word "corporation	." "company." or "incorporated" or th	e		
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C				
contain the word "chartered," "professional association," or the abbreviation				
B. B. L. L. L. Miller and Assess Manual Variation				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
MISSING A STREET ADDRESS.				
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 address:				
Name of New Registered Agent:				
Name of 146W Registered Agent.				
(Florida s	treet address)			
New Registered Office Address:	. Florida			
(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered A	gent, 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)

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	θ:					A P	
<u>X</u>	Change	PI	John Doe			골존 등	-
<u> </u>	Remove	<u>∨</u>	Mike Jones			1 Sec.	a section
<u>_x</u>	Add	<u>sv</u>	Sally Smith			Ta R	
Type of (Check		<u>Title</u>	Name		Address	AM IO: 46	O
1)	Change Add	<u>VP</u>	Jose W Sanchez		1000 7Th Street Miami Beach, Fl 33139		
<u>x</u>				ĥ.			
2) <u>X</u>	Change	P	Pablo O Protti		10415 SW 154TH Ct	Apt 2	
	Add				Miami, Fl 33196		
	Remove				100 % Shares		
3)	Change	<u></u>					
	Add				· · · · · · · · · · · · · · · · · · ·		
	Remove						
4)	Change						· · · ·
<u></u>	Add				 		<u> </u>
	Remove						
5)	Change						
	Add						
	Remove						
6)	Change		_				
	Add						
	Remove						

Burrata Pugliese Inc	ATX1
amending or adding additional Articles, enter change(s) here:	•
ttach additional sheets, if necessary). (Be specific)	产业
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an amendment provides for an exchange, reclassification, or cancellation of issu	<u>ied shares.</u>
rovisions for implementing the amendment if not contained in the amendment its	self:
(if not applicable, indicate N/A)	

Burrata Pugliese Inc		ATX1
The date of each amendment(s) other than the date this document		, if
	•	
Effective date <u>if applicable</u> :	7/17/2014 (no more than 90 days after amendment file date)	<u></u>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s) 100 TH
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s)	244
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	AM IO: 46
by	· · · · · · · · · · · · · · · · · · ·	16
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	ər
Dated	7/17/2014	
Signature		
	(By a director, president or other officer – if directors of officers have not bee selected, by an incorporator – if in the hands of a federiver, trustee, or other cappointed fiduciary by that fiduciary)	
	Pablo O Protti (Typed or printed name of person signing)	
	President	
	(Title of person signing)	