P14000088915

| (Re | questor's Name) | | | |
|-------------------------|--------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | į | | |
| | | | | |
| | | | | |





700293564697

12/27/16--01003--011 **35.00

2011 JAM 18 FM 1: 36

Amend

JAN 1 9 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Parlanti USA Inc. |
|---|
| DOCUMENT NUMBER: P14,000088915 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Francesco Jannelli Name of Contact Person Parlanti USA, Inc. Firm/ Company |
| Name of Contact Person |
| Parlanti USA, Inc. |
| Firm/ Company |
| 3220 Fair slane Farms, Suite 13 Address Wellington Fl 33414 City/ State and Zip Code |
| Wellington Fl 33414 |
| Binail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Francesco Janelli at (561) 779 - 5283 Name of Contact Person Area Code & Daytime Telephone Number |
| 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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



December 29, 2016

FRANCESCO IANNELLI PARLANTI USA INC 3220 FAIRLANE FARMS - STE. 13 WELLINGTON, FL 33414

SUBJECT: PARLANTI USA INC Ref. Number: P14000088915

We have received your document for PARLANTI USA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

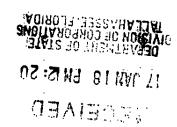
Irene Albritton Regulatory Specialist II

Letter Number: 816A00027670

SECEIVED

/ JAN 18 PHIE: 20

SPARIMENT OF STATE
ISTON OF CORPORATIONS
ALLAHASSEE, FLORIDA



Articles of Amendment to Articles of Incorporation

| Parlanti USA, Inc. | |
|---|---|
| (Name of Corporation as currently | filed with the Florida Dept. of State) |
| P14000088915 | |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | lorida Profit Corporation adopts the following 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 "C word "chartered," "professional association," or the abbreviation "P | " "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 237 |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| Name of New Registered Agent | w' |
| | |
| (Florida stree | et address) |
| New Registered Office Address: | , Florida |
| (0 | City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | |
| Signature of New Re | gistered 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)

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 D | <u>oe</u> | |
|----------------------------|--------------|--------------|-----------------|---|
| X Remove | <u>v</u> | Mike J | ones | |
| X Add | <u>sv</u> | Sally S | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| i) Change | CFo | | Alon Greenstein | 14559 Drofthorse kune |
| Add | | | | 14559 Dropehorse kune Wellington, FL |
| Remove | | | | 33417 |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | . | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| tach additional sheets. | if necessary). (Be | | | |
|---|---------------------|---------------------------------------|----------------------------|--------------|
| • | | • | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | · | | |
| | | | | |
| | | | | |
| *************************************** | | | | |
| | | | | |
| | | | | |
| | · · · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| an amendment provid | des for an exchange | e. reclassification, or o | cancellation of issued sha | res. |
| rovisions for impleme | enting the amendme | ent if not contained ir | the amendment itself: | ··· |
| (if not applicable, i | ndicate N/A) | | | |
| | | | | |
| Gianlica | Caron | 50% | Shares | |
| | 0 . | <u> </u> | Sydies | |
| Francesco | Sannelli | 50% of | 5 hares | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|---|------------------------------|
| date this document was signed. | |
| Effective date if applicable: 12 7 16 (no more than 90 days after amendment file date) | |
| (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 da document's effective date on the Department of State's records. | te 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 statemed must be separately provided for each voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| 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. | ir |
| 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 cour appointed fiduciary by that fiduciary) | t |
| Francesco Janelli | |
| (Typed or printed name of person signing) | |
| VICE President | |
| (Title of person signing) | |