P14000088915

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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

2017 FEB 21 P U 02 Secretary of state

2016 IEUX

FEB 2 2 2016 **T. LEMEUX**

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: Farlanti USA JOC.
OCUMENT NUMBER:P14 000088915
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Signly Coron Name of Contact Person Parlanti USA, Gnc. Firm/ Company 3220 Fairlant Fum Road, Suffe 13 Address Wellington FL 33414 City/ State and Zip Code Parlanti USA Damiz, COM E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Contact Person at (561) 727-0970 Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
2 \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(<u>Name o</u>	USA, らんし。 of Corporation as currently filed with the Florida Dept. of State)
P140000889	$A_{\perp} \subset$
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.	1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:
	The new tain the word "corporation," "company," or "incorporated" or the abbreviation ation "Corp," "Inc," or "Co". A professional corporation name must contain the tion," or the abbreviation "P.A."
B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>	
Enter new mailing address, if applie (Mailing address MAY BE A POST C	
 If amending the registered agent and new registered agent and/or the new 	d/or registered office address in Florida, enter the name of the vregistered office address:
Name of New Registered Agent	Giantuca Caron
	(Florida street address) Unive
New Registered Office Address:	Wellington Florida Fl. 33 414 (Zip Code)
	(z.ip Code)

Page 1 of 4

Signature of New Registered Agent, if changing

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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: <u>X</u> 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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	· · ·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<u> </u>
	· <u> </u>
. 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)	
(y no approxime, material)	
	<u> </u>
	

The date of each amendment(s) adoption:	2/13/17	, if other than the
date this document was signed.		
Effective date if applicable:	2113/17	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing require tof State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient t	the shareholders. The number of votes cast for the or approval.	e amendment(s)
	y the shareholders through voting groups. The foli- ting group entitled to vote separately on the amen	~
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and s	shareholder
Dated 2/13/17	?	
Signature	~ Curl	
selected, by an	president or other officer – if directors or officers incorporator – if in the hands of a receiver, trustee	
appointed fidue	iary by that fiduciary)	
(ग्र	(Typed or printed name of person signing)	
0		
Tres	(Title of person signing)	