## P15000003007

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(Ac	idress)			
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: GELATO TIME, I	NC	
DOCUMENT NUM	IBER: P15000003007		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	Michael J McGoey		
		Name of Contact Person	1
	Michael J McGoey CPA Inc		
		Firm/ Company	
	639 E Ocean Ave Ste 101		
		Address	
	Boynton Beach FL 33435		
		City/ State and Zip Code	;
min	ncgoey@aol.com		
	• • =	sed for future annual report	notification)
	D man address. (10 by an	ed for fatare annual report	
For further informati	on concerning this matter, pleas	se call:	
Michael J McGoey		at (	734-8599
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	ertment 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)
Mailing Address			Address Iment Section
	nendment Section vision of Corporations		on of Corporations
	O. Box 6327		Building
Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

f Corneration as currently file	ed with the Florida Dept. of State)	
d Corporation as currently his	y y thi the x to to a 2 grant of the control	
(Dagues at Number of Car	reportion (if known)	
(Document Number of Col	poration (if known)	20
1006, Florida Statutes, this Flor	ida Profit Corporation adopts the following	ig amendment(s) to
		HASS
me of the corporation: NA	, ´	The new
ation "Corp," "Inc," or "Co".	'. A professional corporation name must	bbreviation sonding the
cable: NA		
OFFICE BOX)	1	
_		<del>_</del>
	in Florida, enter the name of the	
Michael J McGoey CPA Inc		_
639 E Ocean Ave Ste 101		
(Florida street a	(ddress)	_
Boynton Beach	Florida 33435	
(City		Code)
(Florida street a Boynton Beach (City	, Florida 33435 (Zip	- Code)
	(Document Number of Continue of the corporation: NA tain the word "corporation," ation "Corp," "Inc," or "Co" tion," or the abbreviation "P.A. if applicable: NA TREET ADDRESS)    Cable: NA OFFICE BOX	Cable: CACOFFICE BOX  Ad/or registered office address in Florida, enter the name of the registered office address:  Michael J McGoey CPA Inc  639 E Ocean Ave Ste 101  (Florida street address)  Boynton Beach  (City)  (Zip

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 Doe			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	<u>v</u>	Antonina Lograsso	9517 Equus Circle		
X Add			Boynton Beach FL 33472		
Remove					
2) Change	<u>v</u>	Domenico Conigliaro	200 Lugo Way		
X Add			Saint Augustine FL 32086		
Remove					
3) Change					
Add					
Remove			<del></del>		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
_	_				
Add					
Remove					

	s, if necessary).	(Be specific)	ige(s) here:				
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<u>provisions for implen</u>	nenting the am	hange, reclassif endment if not c	ication, or c contained in	ancellation the amend	of issued sh ment itself:	ares. NF	7
<u>provisions for implen</u>	nenting the am	hange, reclassif endment if not c	ication, or c contained in	ancellation the amend	of issued sh ment itself:	ares, NF	4
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<u>provisions for implen</u>	nenting the am	hange, reclassif	ication, or c	ancellation the amend	of issued sh ment itself:	ares, NF	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
<u>-</u>	
Effective date if applicable: (no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's re	the applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK Of	NE)
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	) was/were sufficient for approval
by	
(voting grou	<i>p</i> )
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpora action was not required.	ators without shareholder action and shareholder
Dated April 23, 2015 Signature	
(By a director president or t	other officer – if directors or officers have not been If in the hands of a receiver, trustee, or other court fiduciary)
Vincenzo Lograsso	
(Typed o	r printed name of person signing)
President	
•	(Title of person signing)