P15000067551

# Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000202631 3)))

H160002026313ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

Amd

AUG 17 2016

R. WHITE

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_____

## COR AMND/RESTATE/CORRECT OR O/D RESIGN
## ITALIAN ENTERPRISES, CORP.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | $35.00 |

RECEIVED 16 AUG 16 AM 9:39

FILED 16 AUG 16 AM 9:37

Electronic Filing Menu Corporate Filing Menu Help

16 AUG 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

Italian Enterprises, Corp.

**(Name of Corporation as currently filed with the Florida Dept. of State)**

P15000027551

(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) to its Articles of Incorporation:

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 the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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)*

_____

_____

_____

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* _____

_____
*(Florida street 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 Agent, if changing*



CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

**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 | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ____ Change<br>____ Add<br>X Remove | VD | Antonio Morelli | 3511 Fontainebleau Blvd<br>Apt 309<br>Miami, FL 33172 |
| 2) ____ Change<br>____ Add<br>____ Remove | | | |
| 3) ____ Change<br>____ Add<br>____ Remove | | | |
| 4) ____ Change<br>____ Add<br>____ Remove | | | |
| 5) ____ Change<br>____ Add<br>____ Remove | | | |
| 6) ____ Change<br>____ Add<br>____ Remove | | | |



**CLARA GIRALDO P.A.**
**4080 SW 84 AVENUE SUITE C**
**MIAMI, FL 33155**
**PH.: (305) 485-9300**

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*). *(Be specific)*

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*)



CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

**The date of each amendment(s) adoption:** _____, if other than the date this document was signed.

**Effective date if applicable:** _____
*(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 date will not be listed as the document's effective date on the Department of State's records.

**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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

Dated 08/16/2016

Signature X _____
(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 court-appointed fiduciary by that fiduciary)

X Jeniffer Tatiana Aguilar Torres
*(Typed or printed name of person signing)*

President
(Title of person signing)



**CLARA GIRALDO P.A.**
**4080 SW 84 AVENUE SUITE C**
**MIAMI, FL 33155**
**PH.: (305) 485-9300**