## P15000052669

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	N&TS GROUP CC	DRPORATION	
DOCUMENT NUMBER	P15000052669 R:		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
CI	AUDIO NOVEBACI		
No.	&TS GROUP CORPORAT	Name of Contact Person	
16	80 MICHIGAN AVE STE	Firm/ Company 700	
M	IAMI BEACH FL 33139	Address	
_		City/ State and Zip Code	3
adm.dep	t.mn@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	oncerning this matter, pleas	e call:	
CLAUDIO NOVEBACI		305 at (	6073859
Name of 0	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	rtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

**N&TS GROUP CORPORATION** 

(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P15000052669	
(Docu	ament Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered." "professional association," or th	ord "corporation," "company," or "incorporated" or the abbreviation pp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u> e	OX)  FILE  ALL  ANDS:-6 P
D. If amending the registered agent and/or registence new registered agent and/or the new registered.	ered office address in Florida, enter the name of the d 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 Re I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept the obligations of the position.
	nucture of New Pacietared 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)

Example:

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
X I) Change	DSTV	CLAUDIO NOVEBACI	1680 MICHIGAN AVE STE 700		
Add			MIAMI BEACH FL33139		
Remove					
2) Change	DP	STEFANIA FEDERICI	1680 MICHIGAN AVE STE 700		
X Add			MIAMI BEACH FL 33139		
Remove					
3) Change	D; CEO	VALERIO MASENZANI	1680 MICHIGAN AVE STE 700		
X Add			MIAMI BEACH FL 33139		
Remove					
4) Change		<del></del>			
Add	\				
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificand	ation, or cance	llation of issue amendment its	d shares, elf:	
(y nor applicable, maleule (11/1)					
		<u> </u>			
····					

The date of each amendment(s) adoption:	, if other than th
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 document's effective date on the Department of State's records.	I not be listed as th
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.	
07.31.2015	
Dated	
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 court	
appointed fiduciary by that fiduciary)	
CLAUDIO NOVEBACI	
(Typed or printed name of person signing)	<del> </del>
DIRECTOR	
(Title of person signing)	<del></del>