# P1500060592

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



800276433888



08/27/15--01011--015 \*\*35.00





## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: STELISSA, INC.				
DOCUMENT NUMBER: P 15000060592				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
STEFAND GHIRETOLDI Name of Contact Person	<b>~</b>			
Firm/ Company				
8957 E CHARTER OAK DR	<b>-</b>			
SCOUSDALE AZ 85260 City/ State and Zip Code				
Stefono 1810 @ GHAI . COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
STEFANO GHIRIMOLDI at 917 5338081 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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment

to
Articles of Incorporation

as currently filed with the Florid  Number of Corporation (if known atutes, this Florida Profit Corpora	FALL AHASSEF, FLORIDA
72 Number of Corporation (if known	a Dept. of State)  ACCIDENT OF STATE  FALL AHASSEF, ELORIDA  ACCIDENT OF THE STATE  THE STATE OF THE S
Number of Corporation (if known	TALLAHASSEE, FLORIDA
• •	A PART OF THE STATE OF THE STAT
atutes, this <i>Florida Profit Corpora</i>	tion adonts the following amendment
	wow adopto the rotto wing amendation
oration:	
	The new
	ncorporated" or the abbreviation or the organization or the organization name must contain the
<u>(33</u> )	
<u> </u>	
	<del></del>
office address in Florida, enter th	ne name of the
ce address:	<del></del>
(Florida strees address)	
,	
	, Florida
(City)	(Zip Code)
	corporation," "company," or "inc," or "Co". A professional coreviation "P.A."  SSS )  office address in Florida, enter the ce address:

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	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) X Change	I	MELISSA GHI	DIMOLDI 8957 ECHARGER OAK	: 0
Add			SCOTISDALE AZ 85260	,
Remove				
2)	7SD	Stefano CHIR	SOUSDALE AZ 85260	
Remove				
3) Change				
Add				
4) Change				
Remove				
5) Change				
Add Remove				
6) Change				
Add				
Damova				

	adding additional Ar Il sheets, if necessary)		nge(s) here:		
<del>-</del>					
117777					
,	V/A				
			_	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		<del></del>	
		· · · · · · · · · · · · · · · · · · ·			
				<del> </del>	<del></del>
				<del></del>	
<del></del>	<u></u>				<u> </u>
· · · · · · · · · · · · · · · · · · ·					
f an amendmer	t provides for an exc	hange, reclassif	ication, or cance	llation of issued	shares.
<u>provisions for i</u>	mplementing the amicable, indicate N/A)	endment if not o	ontained in the	amendment itsel	lf:
(y noi uppii	cubie, indicale WA)				
	- X // V	<u> </u>			
	/V/ <i>F</i>	<u>-</u>		<del></del>	
***************************************	/	······	***		
	<del></del>	. ,			
·					

The date of each amendment(s) a date this document was signed.	doption:	if other than the
date this document was signed.		
Effective date if applicable:	IMMEDIALELY (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 is document's effective date on the Do	plock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amen afficient for approval.	dment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareho	lder .
Dated	34/15 Sheli	
(By a c	lirector, president or other officer if directors or officers have no	
	d, by an incorporator - if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	er court
	STEFAND GHIRIMOLDI	
	(Typed or printed name of person signing)	
	DIDECTOR	
	(Title of person signing)	