## P15000064734

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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	RATION: CARPENETO CO	RP	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Sundra Nelson		
		Name of Contact Persor	1
	GVN ONE CORPORATE SE	ERVICES INC	
	<del></del>	Firm/ Company	
	2250 SW 3rd Ave., Suite 205		
		Address	·
	Miami FL 33129		
		City/ State and Zip Code	e
	garrynelson@msn.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Sandra Nelson		at (	374-2002
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

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CARPENETO CORP

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name)	of Corporation as currently	filed with the Florida Dept. of	[State]
P15000064734			TALLAHASSEE FI
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A	ompany," or "incorporated" or i professional corporation name	the abbreviation "Corp ,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
		· ***	
C. Enter new mailing address, if appl		N/A	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )		
		gW	
D. If amending the registered agent ar		ess in Florida, enter the name of	of the
new registered agent and/or the new			
Name of New Registered Agent	N/A		<del></del>
	(Florida stre	et address)	<del></del>
New Registered Office Address:	N/A		lorida
	(1	Citya	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligations of	the position.
	Signature of New Reg	gistered 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	$\overline{bA}$	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>	<u>Addres</u> s
1) Change	PD	GIULIA G ORRA	3801 NE 207 St., Unit 10AS
Add X Remove			Aventura FL 33180
Remove 2) Change	PD	GIULIA GRAS	3801 NE 207 St., Unit 10AS
X Add			Aventura FL 33180
Remove 3 ) Change			
Add			
Remove			<del></del>
4) Change			<del></del>
Add			
Remove			
5) Change		_	
Add			·
Remove			
6) Change			
Add			
Remove			

(Attach additional	sheets, if necessary	). (Be specific)	1			
<i>V</i> A						
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. If an amendment	t provides for an ev	change, reclass	ification, or can	cellation of issi	red shares,	
(if not applie	mplementing the ar	menament it not	<u>, contamed in ti</u>	ie amenument	usen:	
7A						
			-			
			×			
		<del></del>			<u> </u>	

	ion:	_, if other	r than the
date this document was signed. August 3	0. 2022		
Effective date <u>if applicable</u> :			•
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will nent of State's records.	not be list	ted as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and s	shareholds	er
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.		
	d by the shareholders through voting groups. The following statement a voting group entitled to vote separately on the amendment(s):	202	
"The number of votes east for t	he amendment(s) was/were sufficient for approval	2022 AUG 3	·
by	(voting group)	<u> </u>	T-
	で、 で、 で、 で、 で、 で、 で、 で、 で、 で、	PM	3 5 6
August 30, 2022 Dated	<u> </u>	3: 22	O
Signature	Crust .	_	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)		
Giul	ia Gras		
	(Typed or printed name of person signing)		-
PD			

(Title of person signing)