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SECRETARY OF STATES

IVAB TA SOU C WCHAIR

COVER LETTER

NAME OF CORPORATION: NArdozzi Enterprises INC.

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

DOCUMENT NUMBER: P150008	31222
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this mat	atter to the following:
319 L'Iema West Palmo Nardozzitea	Name of Contact Person Firm/ Company Lib St #208 Address Beach, F1 33401 City/ State and Zip Code
For further information concerning this matter, pleas	-
Robin Nardozzi Name of Contact Person	at (561) 909-9760 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) E\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Nardozzi Enterprises	3 ZNC. Ely filed with the Florida Dept. of State)	5 G
(Name of Corporation as current	lly filed with the Florida Dept. of State)	爱
P15000081222		چ.
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio" Corp.," Inc.," or $Co.$," or the designation "Corp.," Inc," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name mus	abbreviation t contain the
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)	319 Clematis st WESTPAINBEACH, FO	- <u>+</u> 1208
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		_
(Florida str	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zij	p Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		ı.
Signature of New R	Registered Agent, if changing	<u> </u>

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	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			tiana Nardoz	zi 341 Nathan Hale 1	d
Add		Marie Constitution of the		West Palm Beach,	
X_ Remove				Florida, 33405	
2) Change	 				
Add					
Remove		·		All Andrews of the Control of the Co	
3) Change		**************************************			
Add				· · · · · · · · · · · · · · · · · · ·	
Remove					
4) Change					
Add					
Remove					
5) Change	<u> </u>				
Add					
Remove					
6) Change		<u> </u>			
Add					
Remove					

. <u>If amen</u> (Attach <i>a</i>	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
· · · · · · · · · · · · · · · · · · ·			
			
-			
provisi	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: _	· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date w of State's records.	ill not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	"	
(v	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
Dated 3/10/17	<u> </u>	
Signature		
(By a director pro	esident or other officer - if directors or officers have not been	
selected by an in	ncorporator - if in the hands of a receiver, trustee, or other court	
appointed fiducia	ary by that fiduciary) .	
•	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	