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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ELEGANZA ST P	ETERSBURG, INC.	<u>, , , , , , , , , , , , , , , , , , , </u>	
	BER: P16000003377			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	JUAN RIOS			
		Name of Contact Perso	n	
	RIOS SMIDHUM & MANL		•	
		Firm/ Company		
	3421 W CYPRESS ST			
		Address		
	TAMPA FL 33607			
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:	· · · · · · · · · · · · · · · · · · ·	
JUAN Rios		ar (S(3	279-1040	
	of Contact Person	Area Co	de & Daytime Telephone Number	
- 1		1		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Ma	iling Address	Street	Address	
Amendment Section		Amendment Section		
Div	ision of Corporations	Division of Corporations		
	. Box 6327		Building	
	lahassee, FL 32314		Executive Center Circle	
San Control	. '	Tallah	assee, FL 32301	
		adulie – u santigara	() () (Kaon)	

Articles of Amendment to Articles of Incorporation of

ELEGANZA	ST PETERSBURG, INC.	

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State	2)
P16000003377			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new n LUCA ITALIAN LEATHER, INC.	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp." "Inc," or "C	Co". A professional corporation nam	r the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET <u>ADDRESS</u>)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			2016 JUN SEURET TALL AH
D. If amending the registered agent an new registered agent and/or the ne			SSE 17
Name of New Registered Agent	NIDAL ELSAWALHI		
Twine of the transfer on tagem	100 2ND AVE NE		AM IO: 48
	(Florida stre	et address)	
New Projectored Office Address	ST PETERSBURG	. Florida	33701
New Registered Office Address:		City)	(Zip Code)
New Registered Agent's Signature, if call hereby accept the appointment as regis		ith and accept the obligations of the po	osition.
	Signature of New Re	egistered 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)

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	<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>	Name		<u>Addres</u> s
1) Change	D	BERENISE AHU	MADA	100 2ND AVE NE
Add				ST PETERSBURG FL 33701
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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ge, reclassific ment if not co	ation, or car ntained in t	ncellation of ne amendme	ssued shares	<u>5,</u>	
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	·				
	ge, reclassific ment if not co	ge, reclassification, or car ment if not contained in t	ge, reclassification, or cancellation of ment if not contained in the amendmen	ge, reclassification, or cancellation of issued share: ment if not contained in the amendment itself:	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

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)
(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.
Dated6\15\16
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)
NIDAL ELSAWALH'I
(Typed or printed name of person signing)
NIDAL ELSAWALH I (Typed or printed name of person signing) DIRECTOR
(Title of person signing)