Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000287670 3)))



H230002876703ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for Future annual report mailings. Enter only one email address please."*

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPECIAL PIZZA GOURMET CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

Articles of Amendment to Articles of Incorporation of

SPECIAL PIZZA GOURME	ET CORP.		
(Name of Corporation as	currently filed with the Florid	a Dept. of State)	
P16000023340			
(Document N	lumber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corpora	ntion adopts the fell	owing amendment(s)
A. If amending name, enter the new name of the corpor	ation:		
N/A			The new
name must be distinguishable and contain the word "corpore "Inc." or Co" or the designation "Corp," "Inc," or "chartered," "professional association," or the abhieviotic.	"Co . A projessional corpor	orated" or the abbre ation name must c	viation "Corp.," ontain th e word
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRES	<u></u>		- E
			至 6
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			mo =
			고로 0
	<u> </u>	·····	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	office address in Florida, enter e address:	the name of the	
N/A			
Name of New Registered Agent			
			
((Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
		, Florida	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		bligations of the pos	ition.
Signature	e of New Registered Agent, if ch	anging	•
3		- -	
Check if applicable			

Example:

If amending the Officers und/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	11	TOUR PAGE	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	RODRIGUEZ, JAIRO J	3007 NW 7 ST
Add	_		MIAMI FL 33125
XXX Remove			3007 NW 7 ST LT. 3007 NW 7 ST
2) XX Change	Р	TORRES, JUANA M	3007 NW 7 ST
Add			MIAMI FL 33125
Remove 3.)Change			SSEE F
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change		N-141	
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) a date this document was signed.	daption:	if other than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable many of	ill not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without shareholder action ar	id shareholder
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fliction for approval.	
☐ The amendment(s) was/were app must be separately provided for	noved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	18 ANI SELVICE TALLAHASSE
"The number of votes cast to	for the amendment(s) was/were sufficient for approval	2
by	(voting group)	28 8
···	· · · · · · · · · · · · · · · · · · ·	(00)
	(voting group)	
08/17/2023 Dated		1023 AUG 18 AM II: 01 SELIKE JAKK OF STATE TALLAHASSEE. FL
08/17/2023 Dated		MII: OI
O8/17/2023 Dated Signature (By a directed,		HI: 01 SEE, FL
O8/17/2023 Dated Signature(By a directed,	rector, president or other officer - if directors or officers have not been, by an incorporator - if in the hands of a receiver, towards	HI: 01 SEE, FL
O8/17/2023 Dated Signature (By a directed,	rector, president or other officer - if directors or officers have not been, by an incorporator - if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	MII: 01