P1600051645

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900315999899



JUL 24 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MIA Kitchen & Ba	ar, Inc.	
DOCUMENT NUM	IBER: P16000051645		· · · · · · · · · · · · · · · · · · ·
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Giuseppe LoGrasso		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
	Mamma Mia's Trattoria		
		Pierri Camaran	
		Firm/ Company	
	8855 Hypoluxo Rd. C16		
		Address	
	Lake Worth, FL 33467		
		City/ State and Zip Code	:
•	mmomioatrattaria@amail.aa.	_	
	nmamiastrattoria@gmail.cor		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Giuseppe LoGrass	.0	561	7046390
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check (or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filling 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle
An Di P.G	nendment Section vision of Corporations D. Box 6327	Amend Divisio Clifton 2661 E	ment Section n of Corporations Building

Articles of Amendment to Articles of Incorporation

	٠	ч
ι	r	

MIA Kitchen & Bar, Inc.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P16000051645	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
Mamma Mia's Kitchen & Bar, Inc.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	$\frac{dESS}{de}$) $\frac{d}{de}$
C. Enter new mailing address, if applicable:	23 <u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
	. F_0. ₩ Û
	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.
Signat	ure of New Registered 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 Doc	
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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			_
4) Change			
Add			
Remove			
			
5) Change	-		
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		
" '		
f an amendment provides for an exch	ange, reclassification, or cancellation of issidment if not contained in the amendment	sued shares,
(if not applicable, indicate N/A)	idment it not contained in the amendment	nsen:
		_
	-	
		· <u></u>

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	July, 18, 2018	
Signature	Crey follows	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Giuseppe LoGrasso	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	