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## COR AMND/RESTATE/CORRECT OR O/D RESIGN JOSEPH FERRANTI INC.

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: Joseph Ferranti Inc P16000077676 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Ferranti Name of Contact Person Joseph Ferranti Inc Firm/ Company 64 Jennifer Circle Address Orlando, FL 32127 City/ State and Zip Code XLpropertiesg@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Ferranti Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ENLEU SECREPARY OF STAN SIVISION OF CORPORATION

2816 SEP 29 AM 9: 42

Joseph Ferranti Inc	
(Name of Cornorati	ion as currently filed with the Florida Dept, of State)
P16000077676	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	erporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)
	<del></del>
C. Enter new malling address, if applicable:	· 
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amounding the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
4644-07-07-07-07-07-07-07-07-07-07-07-07-07-	(Florida street address)
	(૧૧૦૧ માર્ચ કાર્યસ્ટા પ્રાપ્તા લક્ક)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Cap cour)
New Registered Agent's Signature, if changing Reg	zistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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.

X Change	PT John	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title PTSD	Name	Address
1)Change		Joseph Ferranti	64 Jennifer Circle
Add			Ponce Inlet, FL 32127
Remove			
2) Change			
Add		•	***************************************
Remove			8 <del></del>
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	,		
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y noi applicable, maicale 1471)	
· · · · · · · · · · · · · · · · · · ·	

	2016	rikili Hemiltan Vibboreti
The date of each amendment(s) adoption:		of CRI of other than the
date this document was signed.		4,10101014 di 1000 di
9/29/2016		2016 SEP 29 AM 9: 42
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	
Note: If the date inserted in this block does not document's effective date on the Department of St		nts, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		nendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr	hareholders through voting groups. The following on the amendment of the a	
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	•
by		
(voting	g group)	
The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholder action and share	ehold <del>er</del>
9/29/2016		
Dated		
Dulle	7/1-	
Signature ////	*/ Ya	
	ent or other officer - if directors or officers have	not been
	orator - if in the hands of a receiver, trustee, or	
appointed fiduciary b	y that fiduci <del>ar</del> y)	
Јоверћ Гегтал	ti	
(Ty	/ped or printed name of person signing)	<del></del>
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<u></u>	(Title of person signing)	