## P16000094530

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MARECHIARO, INC. P16000094530 DOCUMENT NUMBER: \_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person MARECHIARO, INC. 10763 LISBON STREET COOPER CITY, FL 33026
City/ State and Zip Code GUSGEAPHICS@MSN - COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GUS BIFAHI at (754) 244-2272 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section 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

FI	LED
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11	2017 1411
MARECHIARO, INC.	2017 JAN -9 P 3- 44
(Name of Corporation	as currently filed with the Florida Depart State)  ALL ATABLEY OF STATE
PI600094530	TALLAHASSEE STATE
110000945 JU	t Number of Corporation (if known)
(Documen	t runioet of Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida St ts Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corp	oration;
1 100 1 1 2 1 1 2 1	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 ADDRI</u>	<u>ESS</u> )
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amonding the registered agent and/or registered	office address in Florida, enter the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ered Agent: In familiar with and accept the obligations of the position.
nerevy accept the appointment as registerea agent. I a	m jamular wun ana accept ine oougations oj ine position.
<del></del>	CV D
Signatu	re 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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		CONSULTING SOLUTIONS INC.	3000 N. FEPERAL HWY. STE.
Add			FT. LAUDERDALE, FL 33306
Remove			
2) Change		MARILOU YACOUB	1243 CALIFORNIA RD
<u></u> ✓ Add			EASTCHESTER, NY 10709
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

	(Be specific)
,	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amei	
provisions for implementing the amer (if not applicable, indicate N/A)	
orovisions for implementing the americation (if not applicable, indicate N/A)	
provisions for implementing the americal (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, it other than the date this document was signed.
Effective date if applicable: JAH. 6 2017  (no more than 90 days after amendment file date)
(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 CATHY BIFANI & AUGUST BIFANI QUNERS."  (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.
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)
AUSUST ST - ANTYONY BIFAK! (Typed or printed name of person signing)
VICE PRESIDENT (Title of person signing)