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C. GOLDEN OCT 3 1 2017.

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: Angela Nacrelli Fettig, Inc
DOCUMENT NUMBER: P16000 98612
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela N. Fettia  Name of Contact Person  Alviela Nacrelli Fettia Inc.  Firm/ Company  916 Guernsey St.  Address  Orlando FL 32804  City/ State and Zip Code
Angela Fettia @ Outlook Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Angelia Fatti a 7193
Mame of Contact Person at (407) 701 - 7183  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

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Ancell	a Nacrelli		2017 OCT	30 AH H: 5
(Name of Co		ly filed with the Florida De	ept. of State)	
PILLONG	98612		$-12^{-1}$	
		of Corporation (if known)		<del>-                                    </del>
Pursuant to the provisions of section 607.1006 as Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporation	adopts the followi	ing amendment(
A. If amending name, enter the new name o	of the corporation:			
Argela Nacrelli	Fettio DA			The new
name must be distinguishable and contain in "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation "Corp," "Inc," or	"Co". A professional corpo		abbreviation
B. Enter new principal office address, if ap	plicable:		· ···	
Principal office address <u>MUST BE A STREI</u>	ET ADDRESS )	NA	,	
		<del></del>		
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C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		UA		
(Munning numers) MAT BE A TOST OF TE	CE BOX)		<del>_</del>	<del>- i</del>
			<u> </u>	
. If amending the registered agent and/or	registered office add	fress in Florida, enter the n	ame of the	
new registered agent and/or the new reg				
Name of New Registered Agent		NA		
		1		_
	(Florida st	reet address)		-
New Registered Office Address:			. Florida	
New Registered Office Address.		(City)	,	Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registered			one of the nocition	
петелу иссерь те арропитет из гедімегей	ugem. 1 um jummar	wan ana accept the obligation	ons of the position.	
				i
				_
	Signature of New I	Registered Agent, if changing	g	1

address of each Officei (Attach additional sheet Please note the officer/a P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le	r and/or I s, if neces lirector tit e Presiden ) = Chief eer, Direct d in the fo	Director being added: stary) the by the first letter of the office title: at; T= Treasurer; S= Secretary; D= Director; The Financial Officer. If an officer/director holds many tor would be PTD. bllowing manner. Currently John Doe is listed as	R= Trustee; C = Chairman or Clerk; CEO = Chief hore than one title, list the first letter of each office is the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
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		A/A	
Remove		$\mathcal{W}_{\mathcal{A}}$	
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
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5) Change		<del>_</del>	
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6) Change			
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	1
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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	1
by"	
by"  (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.	
Dated	
Signature / M/WAWA / (	1
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	4
appointed fiduciary by that fiduciary)	* 1
Argela N. Fetticy	<u> </u>
(Typed or printed name of person signing)	
<u>President</u>	
(Title of person signing)	1