P17000011114

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: H. PETRARO FA	RMER'S MARKET, INC.	_
	1BER: P17000017114		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Alex Rodriguez		
	Fl. Tax Group, Inc.	Name of Contact Persor	1
		Firm/ Company	
	8461 Lake Worth Road #110)	
	Wellington, Fl. 33467	Address	
		City/ State and Zip Cod	e
A l.s	x@FLTaxGroup.com	,	
	,	sed for future annual report	notitication)
	is man address, to be a	sea tor timae aminar report	(Wallean All)
For further informati	on concerning this matter, pleas	se call:	
Alex Rodriguez		954 at (_) 603-3103
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing 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)
An Di P,C	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Accutive Center Circle USSec, FL 32301

Articles of Amendment to Articles of Incorporation of

II. PETRARO FARMER'S MARKET, INC.	
(Name of Corporation :	as currently filed with the Florida Dept. of State)
P17000017114	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The same
	Thenew "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatur	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.

X Change	PT	John Doe	
X Remove	\underline{Y}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CASCELLA, SEBASTIANO	2343 EAST IST ST
Add			BROOKLYN, NY 11223
X Remove			
2) Change	VΡ	CASCELLA, ENZA	2343 EAST 1ST ST
Add			BROOKLYN, NY 11223
X Remove			
3.) Change	VP	RUGGIERI, LUIGI	2343 EAST 1ST ST
Add			BROOKLYN, NY 11223
X Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) (Thange			
Add			
Remove			

(Attach additional sheets, if necessary),	icles, enter change(s) here: (Be specific)	
		-
	-	
·		
<u> </u>		
		
-		
If an amendment provides for an excl	ange, reclassification, or cancellation of issued shar	es.
provisions for implementing the ame (if not applicable, indicate N A)	ndment if not contained in the amendment itself:	
(у ног аррасате, такте х я)		
•		
· · · · · · · · · · · · · · · · · · ·		
		·

·	09/12/18	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	ı
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	น
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	9/12/18	
Signature	A STATE OF THE STA	
(By a c	lirector, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	RUCCIA, AGOSTINO	
	(Typed or printed name of person signing)	
	President / President	
	- Carrier Con	
	(Title of person signing)	