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#### COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	ATION: IL PETI	RARO FARMER'S	MARKET, INC
DOCUMENT NUMBI	er: <u>P1700001</u>	7114	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	EDUARDO	UELTS(Hi	
_		Name of Contact Person	n
_	UELTSCHI M	A CO LLC Firm/ Company	
_		Firm/ Company	
_	32 S. OSPRI	EY AVE STE	101
		Address	
	SARASUTA .	FL 34236 City/ State and Zip Cod	
_	<u></u>	City/ State and Zip Cod	е
_ R	A Q UELTSCHi. E-mail address: (to be us	() sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
EDUARDO	UELTSCHI	<sub>at (</sub> अपा	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
	ng Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



#### Articles of Amendment Articles of Incorporation of



### PETRARO FARMERIS MARKET, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000017114

(Document Number of Corporation (if known)

ient(s) to

Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, thi	s Florida Profit Corporati	on adopts the following amendm
A. If amending name, enter the new name	e of the corporation:		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional con	The new corporated" or the abbreviation rporation name must contain th
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>			PREY AVE, STE 101 FL 34236
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		32 S. DSP SARASOTA, FR	REY AVE, STE 101
D. If amending the registered agent and/onew registered agent and/or the new r		dress in Florida, enter the	
Name of New Registered Agent	EDUARDO	UELTSCHI	<del> </del>
3		EY AVE, STE	161
New Registered Office Address:	SARASCTA	(City)	, Florida
I hereby accept the appointment as registere			
	3/4/14/14/14	эледіметей Адені, із спанд	ang

## 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> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Kange Change	<u> </u>	Apostino Ruccia	32 S. Osprey Ave. +10 Sarasola FL 34236
Add		,	Sarasola FL 34236
Remove			
2) Change	<u></u>		-
Add			
Remove			
3 ) Change			
Add			-
Remove			
4) Change			-
Add			
Remove			
5)Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у погаррисаоле, такале гож)	
	_

The date of each amendment(s) adoption:	than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	d 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	
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 to (1) 18	
Dated	
Signature delicio Calable	
(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)	
Apostino Ruccia	
(Typed-or printed name of person signing)	
President	
(Title of person signing)	