

| (Re                     | equestor's Name)   |             |
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| (Ac                     | ldress)            |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ві                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    | <u>.</u>    |
| Certified Copies        | _ Certificates     | s of Status |
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JUN 22 2017 R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: LOUIS COSTRIOTA, ILC.  |
|---|
| DOCUMENT NUMBER: PIN 0003945  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| dovis Costrida  |
| Rose Castriota, PA.  Firm/Company   |
| 1401 Valhalla Street  |
| DELtona FL 32725  City/ State and Zip Code  |
| E-mail address: (to be used for future annual eport notification)   |
| For further information concerning this matter, please call:  |
| Prois Castriota at (386) 469-9036  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:   |
| \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations   |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327



REGERMED

17 JUN 21 AM 11:58

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

LOUIS CASTRIOTA 1401 VALHALLA ST DELTONA, FL 32725

SUBJECT: LOUIS CASTRIOTA, INC.

Ref. Number: P17000030945

We have received your document for LOUIS CASTRIOTA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added changed to indicate what type of professional service the corporation will be rendering.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 917A00011672

## Articles of Amendment

to Articles of Incorporation

37 JUN 21 / 11:19

|   | of                                       | poration                          | the character and the second                 | • • •        |
|---|--|-----------------------------------|--|--------------|
| of constant   | نع رمع                                   | LO: OTA                           | T. C   | <u>د</u>     |
| Name of Corpor  | ration as currently                      | filed with the Florid             | a Dept. of State)                            |              |
| 010 000   | ~ Z~Q116                                 | <u></u>                           | ,  |              |
| 711000  | XXXX 14:                                 | <u> </u>                          |  |              |
| (Do   | eument Number of C                       | Corporation (if known             | )  |              |
| ursuant to the provisions of section 607.1006, Flos Articles of Incorporation:                | orida Statutes, this <i>Fl</i>           | orida Profit Corpora              | tion adopts the following                    | ng amendment |
| . If amending name, enter the new name of the   | e corporation:                           | <b>^</b> ^                        |  |              |
| 9 : 0   | 010,-                                    | $\sim 100$                        |  |              |
| <u> </u>  | SCHOT                                    |                                   |  | _The new     |
| nne must be distinguishable and contain the v<br>Corp" "Inc.," or Co.," or the designation "C | word "corporation,<br>'orn" "Inc." or "C | company, or i<br>a professional c | ncorporatea or the o<br>orporation name must | contain the  |
| ord "chartered," "professional association," or   | the abbreviation "P.                     | A."                               | orporunon nume musi                          | commin me    |
| , ,   |  |                                   |  |              |
| Enter new principal office address, if applica  |  | -                                 |  |              |
| rincipal office address <u>MUST BE A STREET A</u>   | (DDKESS )                                | ,                                 |  |              |
|   |  |                                   |  |              |
|   |  |                                   |  | <del></del>  |
| Enter new mailing address if applicables  |  |                                   |  |              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE               | BOX)                                     |                                   |  |              |
|   |  |                                   |  |              |
|   |  |                                   |  |              |
|   |  |                                   |  |              |
|   |  |                                   |  |              |
| If amending the registered agent and/or regi  |  | ss in Florida, enter t            | he name of the                               |              |
| new registered agent and/or the new register  | red office address:                      |                                   |  |              |
| Name of New Registered Agent  |  |                                   |  |              |
|   |  |                                   |  |              |
|   | (Florida stree                           | t address)                        |  | <del></del>  |
|   |  |                                   |  |              |
| New Registered Office Address:  |  | Tity)                             | , Florida                                    | <br>(Code)   |
|   | A  | лу)                               | (EIP)  | (.oae)       |
|   |  |                                   |  |              |
|   |  |                                   |  |              |
| ew Registered Agent's Signature, if changing hereby accept the appointment as registered ages | Registered Agent:                        | th and accept the obli            | igations of the position                     |              |
| tereby accept the appointment as registered age   | a. rumjumunu wi                          | in and accept the Ont             | Sanona of the position                       |              |
|   |  |                                   |  |              |
|   |  |                                   |  |              |
|   | Signature of New Res                     | pistered Agent if cha             | nging  | _            |
|   | Signature of New Res                     | gistered Agent, if cha            | nging  |              |

## 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 Do     | <u>oe</u>    |         |
|-------------------------------|--------------|-------------|--------------|---------|
| X Remove                      | <u>V</u>     | Mike Jo     | nes          |         |
| X Add                         | <u>sv</u>    | Sally Sn    | n <u>ith</u> |         |
| Type of Action<br>(Check One) | <u>Title</u> |             | Name         | Address |
| ()Change                      |              | <del></del> |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 2) Change                     |              | <del></del> |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 3 ) Change                    |              | <del></del> |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 4) Change                     |              | •           |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 5) Change                     |              | _           |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
|                               |              |             |              |         |
| 6) Change                     |              | _           |              |         |
| Add                           |              |             |              |         |
| _ Remove                      |              |             |              |         |

| E. If amendin<br>(Attach add | <mark>ng or adding add</mark> i<br>ditional sheets, if n | i <mark>tion'al Articles, enter</mark><br>recessary) (Be speci | change(s) here:<br>fic)                         |   |   |   |
|------------------------------|--|--|---|---|---|---|
|                              | <u> </u>   |  |   |   |   |   |
| arne at                      | Keal   | Estat  | e Ugu   |   | · · · · · · · · · · · · · · · · · · ·   |   |
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|                              |  | <u>.</u>   |   |   |   |   |
|                              |  |  |   |   |   |   |
| provision                    | s for implementin  | for an exchange, reclang the amendment if r                    | ssification, or cance<br>not contained in the a | <u>llation of issued sha</u><br>amendment itself: | res.                                    |   |
| (if no                       | t applicable, indic                                      | ate N/A)   |   |   |   |   |
|                              |  |  |   | ····  |   |   |
|                              |  |  |   |   |   |   |
|                              |  |  |   | · · ·   |   |   |
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|                              | ······································                   |  |   |   |   |   |
|                              |  |  |   |   |   |   |

| The date of each amendment(s) ad date this document was signed.                 | option:, if other than the  |
|---|---|
| Effective date if applicable:   |   |
|   | (no more than 91) days after amendment file date)   |
| <b>Note:</b> If the date inserted in this bidocument's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.            |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |
| The amendment(s) was/were ado by the shareholders was/were su                   | oted by the shareholders. The number of votes cast for the amendment(s) ticient for approval.   |
|   | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s). |
| "The number of votes east   | or the amendment(s) was/were sufficient for approval  |
| by  | (voting group)  |
|   | (voting group)  |
| ☐ The amendment(s) was/were ado action was not required.                        | oted by the board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were ado action was not required.                        | oted by the incorporators without shareholder action and shareholder  |
| Dated   |   |
| Signature 🐼   |   |
|   | rector, president or other officer – if directors or officers have not been   |
|   | , by an incorporator – if in the hands of a receiver, trustee, or other court   |
| appoint   | ed fiduciary by that fiduciary)   |
|   | Louis Castriota   |
|   | (Typed or printed name of person signing)   |
|   | President   |
|   | (Title of person signing)   |