P170000 45033

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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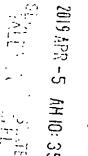
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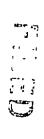


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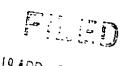


COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SPAGHETTO KIT	CHEN CORPORATION	
DOCUMENT NUMB	P17000045033		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	MARTIN ROTHBARD		
•		Name of Contact Persor	1
	ROTHBARD & COMPANY	LLC	
	 -	Firm/ Company	
	8211 WEST BROWARD BL	VD_STE 440	
		Address	
	PLANTATION, FL 33324		
		City/ State and Zip Code	2
MRO	THBARD@ROTHBARDCP	A.COM	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: 954 at (321-9991
Name of Contact Person			de & Daytime Telephone Number
	the following amount made p		·
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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



SPAGHETTO KITCHEN CORPORATION

2019 APR -5 AH 10: 35

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000045033	TALLING
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SPAGHETTO CATHERINE CORPORATION	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4350 OAKES RD. BLDG A BAY 506
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DAVIE, FL 33314
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3.) Change		_		
Add				
Remove				
4) Change		_		-
Add				
Remove				
5) Change				
Add	*			
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		dding additional Arti sheets, if necessary).	(Be specific)	<u>, , , , , , , , , , , , , , , , , , , </u>		
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	(у погарри	vame, maicate tvA)				
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				· <u>-</u> -		<u> </u>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Fig. Effective date <u>if applicable</u> :	BRUARY 14, 2019	
Enterve date ir apprende.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
bv	<u></u> ,"	
	(voting group)	
☐ The amendment(s) was/were accion was not required.	dopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	4/1/19	
Signature	/NO TOLO	
select	diceror, president or other officer – if directors or officers have not beer ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	FABIO CRAGNOTTI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

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