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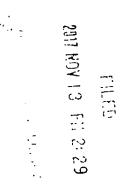
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○ GOLDEN NOV 1 5 2017.

COVER LETTER

NAME OF CORPORATION: ITAL ENTERPRISES INC. N/A DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SEAN-PAUL ANDERSON
Name of Contact Person TTAL ENTERPRISES INC
Firm/Company

2321 NW 1937 ST.

Address MIAMI GARDENS FL. 33956
City/ State and Zip Code 1+01enterprises in Ca amoil. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
 Jewn-Paul Anolf-Son
 at (954)
 670-3693

 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: \$43.75 Filing Fee & \$35 Filing Fee \$43.75 Filing Fee & 52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of I	to Incorporation		2017 11 11
•	of		" NOV /3 /
ITAL ENTERPRISES INC	<u></u>		2017 NOV 13 F
(Name of Corporation as curre		la Dept. of State) .
P1700	0060334		
(Document Number	r of Corporation (if know	n)	•
rsuant to the provisions of section 607.1006, Florida Statutes, th Articles of Incorporation:	iis Florida Profit Corpord	ation adopts the	following amendn
If amending name, enter the new name of the corporation:			
	NIA		••••
ame must be distinguishable and contain the word "corporate	tion " "company" or "	incorporated" o	The ne
Corp.," "Inc.," or $Co.$," or the designation "Corp.," "Inc.," or	"Co". A professional	corporation nam	e must contain th
ord "chartered," "professional a ssociation," or the abbreviation	n"P.A."	·	
Enter new principal office address, if applicable:		NA	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		· · · · · · · · · · · · · · · · · · ·	
	/		
		VA	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	^	/A	
	n	IA	
		(A	
If amending the registered agent and/or registered office ac		the name of the	
	ess:		
new registered agent and/or the new registered office address			
<u>Name of New Registered Agent</u>	NA		
-	NA NA	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	NA street address)		
Name of New Registered Agent	NA street address) NA (City)	Florida	 ~ A

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	Doc	
X Remove	<u>V</u> <u>Mike</u>	· Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		ESTHER COPFLAND	606 EAST ST
Add			LEHIGH ACTES
Remove			FL 33972
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Кепюче			
6) Change			
Add			
Remove			

	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
-	
······································	
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· ·	
	ment provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
	pplicable, indicate N/A)
	<i>N/P</i>
	NIA
	NIA
	N/A
	N/A
	NA
	NIA
· · - ·	\mathcal{N}/\mathcal{A}

The date of each amendment(s) adoption: Nove 5, 2017 late this document was signed.	, if other than the
Effective date if applicable: NOV . 5 20 17 Ino more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not 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	
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 (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)	
SEAN-PAUL ANDERSON (Typed or printed name of person signing)	
President.	

(Title of person signing)