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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	OKATION:	ZANICHIELLI CORPOR	TION	
DOCUMENT NUM	ИВЕR:			
	es of Amendment and fee are	submitted for filing.		
Please return all con	respondence concerning this n	natter to the following:		
	LOUANA OLIVEIRA			
	Name of Contact Person AVROS CORPORATION Firm/ Company 806 VERONA STREET, SUITE 1			
	Address			
	KISSIMMEE, FL 34741			
		City/ State and Zip Co	de	
loua	na@avros.us		/	
	E-mail address: (to be i	ised for future annual repor	t notification)	
For further information	on concerning this matter, plea	ise call:		
	LOUANA OLIVEIRA		904-6643	
Name	of Contact Person	at (305) 904-6643 Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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)	
Mai	Mailing Address		Address	
Amendment Section Division of Corporations P.O. Box 6327		Amendment Section		
		Division of Corporations Clifton Building		
	190x 0327 1hassee, FL 32314		Building xecutive Center Circle	

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

FIASCHEITI & ZANICHELLI CORPORATION			_
(Name of Corporation	as currently filed with the	Florida Dept. of State)	
(Docume	nt Number of Corporation (if	known)	-
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Florida Profu C</i>	Corporation adopts the following amendment(s	to
A. If amending name, enter the new name of the corp			
FIASCHETTI COE PORATI	iov	✓ The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"corporation," "company," "Inc," or "Co". A profess	or "incorporated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		17 NOV	-1"
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 	27 PH 4: 08	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the	
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		, Florida	
	(City)	(Lip Code)	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent is a registered agent.	(City)	(Lip Code)	
· · · · · · · · · · · · · · · · · · ·	ture of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	

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	PI	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Litte	Name	Address
I) Change	P	FRANCISCO J ALEXANDRE	750 SOUTH ORANGE
Add			BLOSSOM TRAIL, SUITE
X Remove			171-ORLANDO, FL 32805
2) Change	T	ERICA DOS SANTOS PEREIRA	750 SOUTH ORANGE
Add			BLOSSOM TRAIL, SUITE
X Remove			171-ORLANDO, FL 32805
3) X Change	P	LUIS FERNANDO FIASCHETTI	806 VERONA STREET, SUITE I
Add			KISSIMMEE, FL 34741
Remove			
4) X Change	VP	DANIELA DOS R.G.FIASCHETTI	806 VERONA STREET, SUITE 1
Add			KISSIMMEE, FL 34741
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			*
Remove			_

Page 2 of 4

Jan. F. Franck/h

. <u>If ame</u> nd	ling or adding additional Articles, enter change(s) here:
(Attach ad	dditional sheets, if necessary). (Be specific)
,	
•	
•	
If an am	endment provides for an exchange, reclassification, or cancellation of issued shares.
	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
(0.4	ы аррисате, такте ма)
· · · · · ·	

The date of each amendment(s) adopti	lon:	, 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 block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date winent 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 was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	nd by the shareholders through voting groups. The following statement by voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	he amendment(s) was/were sufficient for approval	
by	n	
	(voling group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
NOVEMBER 10	0, 2017	
Signature CM	F. Lindells	
(By a directo	or, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
LUI	S FERNANDO FIASCHETTI	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
VIC	E PRESIDENT	
	(Title of person signing)	 _