P1700074171

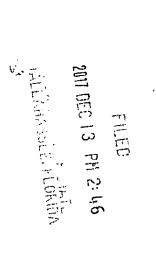
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C. GOLDEN

DEC 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA' DOCUMENT NUMBER	O - Dank	n Govrmet Ho	alian los		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
Charles D'Emic					
Brooklyn Govrmet Italian Ices					
1204 E Cumberland Ave #122					
Tampa, FL 33602					
City/ State and Zip Code brooklynices tampa@amail.com E-mail address: (to be used for future annual reportabilication)					
For further information co	For further information concerning this matter, please call:				
Charles	D'Emic	at (718			
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	□\$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)		
Amend Division P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2017 DEC 13 PM 2: 46

BROOKLYN GOURMET ITALIAN ICES INC.
(Name of Corporation as currently filed with the Florida Dept. of State) ALL AND ALL
P17000074171
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Nathan Cavaluzzi	1204 E Comberland Ave # 104
Add Remove			Tampa, FL 33602
2) Change	<u>_v</u>	Kristen Angrisani	1204 E Comberland Ave #12
 Add			TAMPA, 12 35602
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u></u>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) adoption: _ date this document was signed.	12-11-11	, if other than the
Effective date if applicable:	12-11-17	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the arrapproval.	mendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	OOO ()	
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and sha	reholder
Dated 12-11-	esident or other officer – if directors or officers hav	no not boon
selected, by an in	corporator – if in the hands of a receiver, trustee, our by that fiduciary)	
******************		res.
_	(Typed or printed pame of person signing)	
	(Title of person signing)	