P17000093491

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000306979650

12/27/17--01017--013 *+35.00



DEC 29 2017 C MCNAIR

COVER LETTER

AND COLD THE PARTY OF THE PARTY Division of Corporations NAME OF CORPORATION: BEN FATTO, INC. DOCUMENT NUMBER: P17000093491 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ADEMIR M. DEOLIVEIRA Name of Contact Person BEN FATTO, INC. Firm/ Company 22277 SW 66TH AVE APT, 1912 Address BOCA RATON, FL. 33428 City/ State and Zip Code <ademirmoreschi@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (774) 540-0391

Area Code & Daytime Telephone Number ADEMIR M. DEOLIVEIRA

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$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

Name of Contact Person

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

Street Address

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

Articles of Amendment to Articles of Incorporation of



BEN FATTO, INC.

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P17000093491	ي *
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>on:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ution "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
Ten in ginera office ridding.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of	New Registered Agent, if changing
Signature Of I	con regimened inferit h charifing

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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	DEOLIVEIRA, ADEMIR M	22277SW 66TH AVE
Add			APT. 1912
Remove			BOCA RATON, FL. 33428
2) Change			
Add			
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>		
				
		·		
			••	.
.				
				<u>-</u>
If an amendment provides for an exch	n noiteallisselar agno	r cancellation of i	ssued shares	
provisions for implementing the ame	dment if not contained	in the amendmen	t itself:	
(if not applicable, indicate N/A)				
<u> </u>				

•	12/14/2017
The date of each amendment(s) add	otion:, if other than
date this document was signed.	
12/14	:017
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament five date)
Note: If the date inserted in this blo document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed as attment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	ed by the board of directors without shareholder action and shareholder
action was not required.	d by the mediporators without shareholder action and shareholder
12/14/2017 Dated	
Signature Oct	uni on Dedwera.
selected,	ctor, 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 fiduciary by that fiduciary)
/	DEMIR M. DEOLIVEIRA
_	(Typed or printed name of person signing)
F	RESIDENT
_	(Title of person signing)