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## COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: FIANH DELIGATO PA.						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
FRANCH DELLASSO						
Name of Contact Person						
Firm/ Company						
4160 rorum Corporate VLWY # 350						
9160 FORUM Corporate Phwy # 350  Address  Fort MyERS, F-L  City/ State and Zip Code						
FOIT MYEWS, F-L						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Frank Dzlyako at (239), 237 - 2767  Name of Contact Person Area Code & Daytime Telephone Number						
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 S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						

## Articles of Amendment

to
Articles of Incorporation
of

<del>-</del>	Ranh 1	2/9ADO PA			
(Name of Corporat		filed with the Florida Dep	ot. of State)	· · · · · · · · · · · · · · · · · · ·	
(Document)	ment Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation;	da Statutes, this A	Florida Profit Corporation :	idopts the follo	wing amend	ment(s) to
A. If amending name, enter the new name of the c	corporation:				
/	Home )	1st Inc.		The n	en.
name must be distinguishable and contain the word "c"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr.  B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	corporation," "e ," or "Co". A reviation "P.A." le:	ompany," or "incorporated	" or the abbrevi name_must_cor	iation "Corp ntain the wa	ord
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u>0.X</u> )	2920 NW 25. CAPE COURT,	4 LN Fz 339	SECRET SALIVATION	- - -
D. If amending the registered agent and/or registe	ered office addr	ess in Florida, enter the na	ime of the	13.5 13.5 14.5 15.5 15.5 15.5 15.5 15.5 15.5 15	_
new registered agent and/or the new registered	Joffice address:			PH PH	11
Name of New Registered Agent	ay . a 100		<del></del>	2: 2 SHALL S	Ü
	(Florida street address)		- OD	<u> </u>	
New Registered Office Address:			, Florida		
	(City)			Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	gistered Agent: I am familiar w	ith and accept the obligation	ns of the positio	m.	
	nature of New Re	gistered 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)

Example:

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	<u>V</u>	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	VP	JAURA GAICIA.	2970 NW 25th LN
Add			Cape Coraz, LI 3399?
X Remove			<del></del>
2) X Change	VP	LAVM DEGALO	2920 NW 25th LN
_X_ Add		-	Cape CorAZ, FL
Remove 3) Change			
Add			AHE A T
Remove			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
4) Change			
Add			2: N
Remove			<b>(D</b> )
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
		<u>-</u>
<del>-</del>		
	<del> </del>	
		<del></del>
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	<u> </u>	_ <u>`</u> &
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	进行 经会	JAN-
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	100 m	ī
provisions for implementing the amendment if not contained in the amendment itself:	45	7
(if not applicable, indicate N/A)		PH
	87	ν̈́ (
	<del>्र हुति ।</del>	<del>*v</del>
	dD:	_
	<del></del>	<del></del> -

• •		1/7/20		
The date of each amendment(s) ac date this document was signed.	loption:	1/1/20		, if other than the
Effective date if applicable:	13/A.			
<u></u>	い/A . (no more tha	m 90 days after amendmer	u file date)	<del></del>
Note: If the date inserted in this b document's effective date on the De			equirements, this date wil	II not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
. The amendment(s) was/were ado by the shareholders was/were su		The number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s) was	/were sufficient for approv	val	
by	(voting group)		** 	
	(voting group)			
The amendment(s) is/are being fi	led pursuant to s. 607.012	0 (11) (c), F.S.		
The amendment(s) was/were ado action was not required.	pted by the incorporators.	or board of directors with	out shareholder action and	d shareholder
Dated(	7/20		LAHAS LAHAS	FI.
Signature	19/10		:64 :25	7
	rector, president, or other c I, by an incorporator – if in			
	ed fiduciary by that fiducia		rusice, or other county,	<i>ي</i> خ
	<i>f</i>	ORAL DELUA	(100 OD ET	20
	(Typed or print	ted name of person signing	g)	
		cesinant.		
	(Title of person signing)	<u> </u>		