P18000016986

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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: MUDCLISSIMO INVESTMENTS INC. DOCUMENT NUMBER: P18000016986						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Rander Heller Cohn Name of Contact Person Mondissino Investments Inc. Firm/ Company PORax 741361 Address Boynton Brach, Florida 33474						
City/ State and Zip Code						
E-mail address: (to be used for future almust report notification)						
For further information concerning this matter, please call:						
RANGE HELLE Cohn at 954 907 - 3928 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Address Street Address						

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

TO: Amendment Section

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

Articles of Amendment

to

Articles of Incorporation

Mundissimo Investo	reate Too				
(Name of Cornoration as currently	filed with the Florida Dept. of State)				
214 Anna 11081	,				
(Document Number of	Companion (if known)				
(Document value of	Corporation (it Month)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation;					
Munchissimo Inc.	The new				
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable;	7202 Bristla Dr.				
(Principal office address MUST BE A STREET ADDRESS)	Boyn ton BEACH, FloridA				
	22/12/1				
	3)9)7				
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	TO BOX 19/361				
	Rounton Brack, Horich				
	33 474				
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the				
new registered agent and/or the new registered office address:					
Name of New Registered Agent LCOCKEC H	tlet (whn				
7202 Br	iella DR				
(Florida stre	ei address)				
Royate	n Beach, Florida 33437				
New Registered Office Address: DOYN TO	City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:	and the second second				
I hereby accept the appointment as registered agent. I am familiar y	ith and accept the obligations of the position				
Kanda II.	Me Company				
Signature of New Re	rgistered Agent, if changing				
	^{Ωπ} ω				

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: <u>PT</u> John Doc X Change y Mike Jones X Remove <u>\$V</u> Sally Smith X Add ELLA DR Buynten GRALL Type of Action Title Name (Check One) Change Ella DR. Boynton Bere 2) A Change 11A Dr. Boyn fon BEACH Remove 3) ____ Change λ vqq Remove Change Remove 5) ____ Change Add Remove 6) ____ Change Add Remove

	l sheets, if necessary).	(Be specific)				
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rovisions for i	t provides for an exclude mplementing the ame cable, indicate N/A)	tange, reclassifi indment if not c	cation, or cance ontained in the	ilation of issued amendment itself	shares. !:	-

The date of each amendment(s) adoption:	er than the
Effective date if applicable: ANGUST 15+ 2018	_
) (no 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 not be lidocument's effective date on the Department of State's records.	isted 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	
☐ 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.	
Signature Randy (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)	
Randre Heller Cohn	_
(Typed or printed name of person signing)	
(Title of person signing)	_