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Amend

SEP 1 2019 LALBRUTON

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Deliziona INC.				
DOCUMENT NUMBER: P18000020250				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Pierimo SUCCURRO Name of Contact Person Deliziosa INC. Firm/ Company				
Firm/ Company				
6811 JOHNSON 51				
Address HORRWOOD: FL. 33024 City/State and Zip Code				
BURNS 4901 @ ADL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DIANE-BURNS at (S61) 7938536				
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 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation as currently	filed with the Florida Dept. of State	
	00020250	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	'orida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	NA	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 "P	o". A professional corporation name n	he abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TA A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1010
		= 1
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:		
Name of New Registered Agent	NA	C
(Florida stree	n address)	** ****
New Registered Office Address:		(Zip Code)
,	.uy7	(Zip Coue)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the posi	tion.
Signature of New Re	gistered Agent, if changing	
~ ~ ~		

st amending the Officers and/or threctors, 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	MERM ANTONIO	Wellin 6 Ton FL 33449
Add Remove	moonbeavin	wellin 6 lon fl 33 449
2) Change	P siena Daisy.	4177 Bluff - HARBOZ-WA) wellington FL 3344
Add Remove		
3) Change		
Remove		
4) Change		
Add		
5) Change		
Add		
Remove		
6) Change Add		
Remove		

Attach <i>additional sheets, if i</i>	litional Articles, enter change(s) here: necessary). (Be specific)
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If an amendment provides	for an exchange, reclassification, or cancellation of issued shares,
provisions for implement	ing the amendment if not contained in the amendment itself:
(if not applicable, indi	cate N/A)
	And the state of t
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed 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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 - 27 - 19	
Signature	
(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	l
appointed fiduciary by that fiduciary)	
1/20/202	
(Typed or printed name of person signing)	J
(Typed of printed hame of person signing)	
DR Reviolent	
(Title of person signing)	

SUCCURRO, PIERINO