

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001574343)))



H180001574343ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112

: (302)575-0875

Fax Number

: (302)575-1642

\*\*Enter the email address for this business entity to be used annual report mailings. Enter only one email address pleat

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PASSIFLORA CORP

Certificate of Status	0		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$35.00		

MAY 2 3 2018

T. LEWIELX

Electronic Filing Menu

Corporate Filing Menu

Help



## Н18000157434 3

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the	e Florida Dent. of State)	
P18000040663	,	
(Document Number of Corporation (i	if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation:	Corpuration adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional association," or the abbreviation "P.A."	," or "incorporated" or ssional corporation name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	·	
D. If amending the registered agent and/or registered office address in Florida.  new registered agent and/or the new registered office address:	cnter the name of the	
Name of New Registered Agent		
	##. #	<del></del>
(Florida strees address)		
New Registered Office Address:	, Florida_	
(City)		(Zip Code)
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 pos	ition.
	FALE	
Signature of New Registered Agen	if changing A 15	1

If amending the Officers and/or Directors, enter the title and mame of each afficer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheats, 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= Truster; 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'us listed as the PST and Mile Jones is listed as the V. There is a change, Mile Jones leaves the corporation, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mile Jones, and Saily Smith, SV as an Add.

Example:

X Changes

V.cumb.	P1	John Don		
<u>X</u> Remove	¥	Mike Janes	1	
_X Add	<u>sy</u>	Salty South		
Type of Action (Check One)	Title	Name	Address	
l)Change	Þ	MARCELLO BELLUSCI	STRADA COLITIVABBANDIERI 80	
X Add		·	18018 TAGGIA (H1)	
Remove			ITALY	
2) Change	8	LUANA DOTTO	GRO SE 25TH LAWE	
X Add			33033 HONESTEAD	
Remove			FL USA	
3)Change	<del></del>			
Add				
Remove				
4)Change				
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
			<del></del>	
5) Change	<del></del>			
Add				
Runove				
6) Change				
Add				
Demous			ž	

Attach additional sheets, if necessary).	(Re specific)
provisions for implementing the anter	bange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(ij not applicable, indicate N/A)	
(If not applicable, indicate N/A)	
(ij not applicable, indicate N/A)	
(If not applicable, indicate N/A)	
(If not applicable, indicate N/A)	

the

Line

The date of each amendment(s) adoption: 05/22/2018 date this document was signed.
Effective date if applicable: OS/2Z/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 listed as document's effective date on the Department of State's records.
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) washwere 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
(voting group)
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.
Dated 05/22/2018
Signaturo Bellie Welle-
(By a director, president or other officer. it 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)
BELLUSCI MARCELLO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)