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(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Doc	cument Number)		
Certified Copies	Certificates	of Status	
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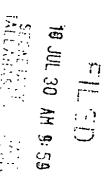


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R. WHITE 2118



COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Cicis Pizza Naples, Inc. DOCUMENT NUMBER: P18000063382				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Philip Santucci Name of Contact Person				
Firm/ Company				
759 Hampton Circle Address Nagles FL 34105 City/ State and Zip Code				
Nagles FL 34/05				
PSantucci @ comcast.net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Philip Sanfucci au 239, 248-6866				
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				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

of	18 JUL 30 AM 10: 00
Cicis Pizza Naples.	The State of State of State
(Name of Corporation as currently I	iled with the Florida Dept. of State) (1917) A
P18000063382	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Pizza Life, 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 "P.	" company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office addres	N/A S in Florida, enter the name of the
new registered agent and/or the new registered office address:	S III TIQUIGA, CINCT THE MAINE OF THE
Name of New Registered Agent N/A	
New Registered Office Address: N/A	Florida
(4.)	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
N/A	
Signature of New Reg	istered 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)

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	/ .		<u>Addres</u> s
1) Change		_		JA		
Add			,			
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
0 01						
6) Change						
Add						
Remove						

E. <u>If amen</u> (Attach a	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N.	/A		**		
					,
<u> </u>					
		·			
proviși	mendment provides for an exchange, recloss for implementing the amendment if not applicable, indicate N/A)	lassification, or ca not contained in	incellation of issued s the amendment itself	shares, <u>:</u>	
N	A				
	<u> </u>				

The date of each amendment(s) add	option: N/A	, if other than
date this document was signed.	,	
Effective date if applicable:	NA	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this blo document's effective date on the Dep.	ock does not meet the applicable statutory filing rartment of State's records.	equirements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast acient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approv	val
by	(voting group)	"
	(voing group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action	and shareholder
Dated/	7/26/2018 Palge Sales	
Signature	Palso Sarles	
(By a dir	ector, president or other officer - if directors or off	ficers have not been
selected.	by an incorporator - if in the hands of a receiver,	
appointe	d fiduciary by that fiduciary)	
_	Philip Santuc (Typed or printed name of person signin	C1
	() yped or printed name or person signin	8)
_	fresident	
	(Title of person signing)	

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