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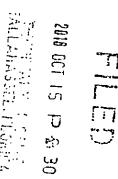
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: Mastrogianni Marl	ceting and Consulting Inc	` <u> </u>		
DOCUMENT NUMB					
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
(	liovanni Mastrogianni				
_		Name of Contact Pers	son		
N	Mastrogianni Marketing and	Consulting, Inc.			
-		Firm/ Company			
4	1151 NW 88TH AVE				
_		Address		·	
\$	BUNRISE, FL 33351				
_		City/ State and Zip Co	ode		
GIOV	ANNIMASTROGIANNI@C	SMAIL COM			
	***	sed for future annual repo	ort notification)	<del></del>	
	`	•	,		
For further information	concerning this matter, pleas	se call:			
GIOVANNI MASTRO	GIANNI	954 at (	529-4295		
Name of Contact Person		Area (	Code & Daytime Telephone	Number	
Enclosed is a check for	the following amount made	payable to the Florida De	epartment of State:		
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	. □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	SEC	2018 OCT 19
	ng Address		et Address	RE T	8
	idment Section ion of Corporations		ndment Section sion of Corporations	£2.	<del>-</del> 9

Clifton Building

2661 Executive Center Circle Tallahassee, Fl. 32301



October 16, 2018

GIOVANNI MASTROGIANNI 4151 NW 88 AVE SUNRISE, FL 33351

SUBJECT: MASTROGIANNI MARKETING AND CONSULTING INC.

Ref. Number: P18000075188

We have received your document for MASTROGIANNI MARKETING AND CONSULTING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Giovanni Mastrogianni sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 418A00021118

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

to

MASTROGIANNI MARKETING AND CONSULTING, INC

tly filed with the Florida Dept. of State)			
of Corporation (if known)			
s Florida Profit Corporation adopts the following amendment(s)			
The new fon," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."			
4151 N PINE ISLAND RD			
SUNRISE, FL 33351			
A POST OFFICE BOX) 4151 N PINE ISLAND RD			
SUNRISE, FL 33351			
dress in Florida, enter the name of the			
RD			
treet address)			
, Florida 33351			
(City) (Zip Code)			
ti: with and accept the obligations of the positions			

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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>٦</u>	Giovanni Mastrogiani	4151 A Pine Island Co Sunlise (F13335)
Add			Sanlise ( F1 3335)
Remove			
2) Change			
Add			
Remove			
3 ) Change		<del>-</del>	<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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The date of each amendment(s late this document was signed.	) adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the locument's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/10/20 Dated Signature	Liovanno Alterragi	
sele	a director, president or other officer – if directors or officers have not becomed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that (iduciary)	
	Giovanni Mastrogianni	
	(Typed or printed name of person signing)	··-
	Owner	
	(Title of person signing)	