P19000020988

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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| One box 4135 304 |

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MAY 0 8 2019

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: BOCCA LUPO VI | ENICE, INC. | |
|--|---|--|--|
| DOCUMENT NUME | BER: P19000020988 | | |
| | of Amendment and fee are su | hmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Mark Martella, Esq. | | |
| | | Name of Contact Persor | 1 |
| | Icard Merrill | | |
| | | Firm/ Company | |
| | 18501 Murdock Circle | | |
| | | Address | |
| | Port Charlotte, FL 33948 | , idai an | |
| | | City/ State and Zip Code | |
| | | City/ State and 7.1p Coo | |
| mark(| @martellalaw.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| | | | |
| For further information | i concerning this matter, pleas | se call: | |
| Mark Martella, Esq. | | 941 | 206-3700 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | □\$43.75 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amenc Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

MANGERS OF METALS



April 23, 2019

MARK MARTELLA, ESQ. ICARD MERRILL 18501 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948

SUBJECT: BOCCA LUPO VENICE, INC.

Ref. Number: P19000020988

We have received your document for BOCCA LUPO VENICE, 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 check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check 1 (one) box.

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.

Diane Cushing Senior Section Administrator

2019 MAY -6 PH 12: 1

Letter Number: 819A00008164

Articles of Amendment to Articles of Incorporation of

| BOCCA LUPO VENICE, INC. | | |
|--|--|--------------|
| (Name of Corporation as curren | ntly filed with the Florida Dept. of State) | |
| P19000020988 | | |
| (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment | (s) to |
| A. If amending name, enter the new name of the corporation: | | |
| N/A | The new | |
| name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | · "Co". A professional corporation name must contain the | |
| | N/A | ىڭ خىرى |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 33 |
| | | |
| | | عز بہ تحص |
| C. Enter new mailing address, if applicable: | N/A T | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A | S.C |
| | <u>ა</u> | STATIONS |
| | | 9. 13. |
| | | ٠, |
| D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses | ldress in Florida, enter the name of the | |
| | <u></u> | |
| Name of New Registered Agent | | |
| | | |
| (Florida | street address) | |
| New Registered Office Address: | , Florida | |
| | (City) (Zip Code) | |
| | | |
| New Registered Agent's Signature, if changing Registered Age | ent: | |
| Thereby accept the appointment as registered agent. I am familio | ar with and accept the obligations of the position. | |
| | | |
| | | |
| Signature of New | w Registered 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:

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 | <u>PT</u> | John Doe | | |
|-------------------------------|-----------|--------------------|--------------------------|--|
| X Remove | <u>V</u> | Mike Jones | | |
| _X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | <u>Name</u> | Address | |
| 1) Change | Р | David G. Valentino | 21400 Harborside Blvd. | |
| <u>\times</u> | | | Port Charlotte, FL 33952 | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | <u></u> | |

| If amending or adding additional Articolated Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| 7/A | |
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| . If an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| ∜A | |
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| The date of each amendment | 3/5/2019 (s) adoption: | , if other than the |
|--|---|-----------------------------|
| late this document was signed. | | |
| Effective date <u>if applicable</u> : | 3/5/2019 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the locument's effective date on the | this block does not meet the applicable statutory filing requirements, this date the Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval. |) |
| ☐ The amendment(s) was/wei must be separately provide | re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s): | vit |
| | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder | г |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| 4/10/ Dated | 19 | |
| | 19 | |
| (1 se | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that (iduciary) | |
| | Mark Martella, Esq. | |
| | (Typed or printed name of person signing) | |
| | Incorporator | |
| | (Title of person signing) | |