# P190000 36681

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: $A2e$	Llinos I	TALIAN	RESTAUR	BNI
DOCUMENT NUMBI	ATION: $A2e$ $P/9$	500 × 3668/			161/
	f Amendment and fee are su				
Please return all corresp	ondence concerning this ma	tter to the following:			
	Rich	Name of Contact Person	att.		
_		Name of Contact Perso	on	<del></del>	
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	, _	Firm/ Company	, _		
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<del></del> -	E-mail address: (to be us	sed for future annual repor	t notification)	<u>- 0</u> / / / / /	
				ε ().	4
For further information	concerning this matter, pleas	se call:			
	Richard (	BAnoyat 95 Area Co	7, 249	3 46s	
Name of	Contact Person	Area Co	ode & Daytime Telepl	none Number	
Enclosed is a check for	the following amount made				
☐ \$35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing For Certificate of Sac Certified Copy (Additional Cop is enclosed)	itus	

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment

to

# Articles of Incorporation

- ·	of		
Azellinos ITA			000
(Name of Corporation as curre		la Dept. of State)	
P190000366	8/		
(Document Number	r of Corporation (if knowr	1)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corpord	ation adopts the followi	ng amendment(s)
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation.  B. Enter new principal office address, if applicable:	r "Co". A professional c		
Principal office address <u>MUST BE A STREET ADDRESS</u> )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			)0 6102 j
( <u></u>			129 PH
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr		the name of the	6:20
Name of New Registered Agent			_
(Florida	street address)		_
New Registered Office Address:		, Florida	
	(City)	(Zi <sub>J</sub> .	Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ligations of the position	
Signatury of No.	w Registered Agent if cha		_

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.

Example:	re, ana sai	ty Smith, Sv as an Ada.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	RichANDBAROUH	N800 NW STL ST PLANTATION FL
Add			PLANTATION FL
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			= <del></del>

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<del>.</del>		
· · · · · · · · · · · · · · · · · · ·		
·		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the ame</u>	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		<del>-</del>

The date of each amendment(s) adoption:	, if other than the
1./- / 6	
Effective date if applicable: 10/27/19  (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 document's effective date on the Department of State's records.	, this date 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 east for the amer by the shareholders was/were sufficient for approval.	idment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	statement (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.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated	
Dated 10/26/19 Signature Toul Rees	
(By a director, president or other officer - if directors or officers have no	ot been
selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	ner court
Todd Reiss	
(Typed or printed name of person signing)	<del></del>
Paes	
(Title of person signing)	<del></del>