

PP90000 67700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

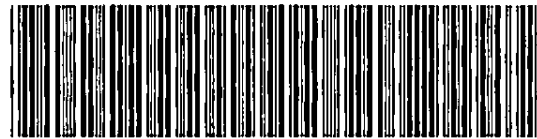
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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SEP 23 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nic's NY Pizza, Inc.

DOCUMENT NUMBER: P19000067700

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLA BERTOLOTTI
Name of Contact Person
Nic's NY Pizza, Inc.
Firm/ Company
6770 INDIAN CREEK DR APT 11B
Address
MIAMI BEACH, FL 33141
City/ State and Zip Code

nicsnypizza@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLA BERTOLOTTI at (347) 231-0786
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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

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Articles of Amendment
to
Articles of Incorporation
of

Nic's NY Pizza, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

Nic's NY Pizza, Inc.

P19000067700

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6770 INDIAN CREEK DR APT 11B

MIAMI BEACH, FL 33141

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6770 INDIAN CREEK DR APT 11B

MIAMI BEACH, FL 33141

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

6770 INDIAN CREEK DR APT 11B

(Florida street address)

New Registered Office Address:

MIAMI BEACH

(City)

Florida 33141

(Zip Code)

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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 position.

Signature of New Registered Agent, if changing

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, SF as an Add.

Example:

X Change	PT	John Doe
----------	----	----------

<u>X Remove</u>	<u>V</u>	<u>Mike Jones</u>
-----------------	----------	-------------------

X Add	SV	Sally Smith
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Type of Action
(Check One)

Title

Name

Address

1) <u> </u> Change	VP	Zoraida Cruz	6770 INDIAN CREEK DR APT
<u>X</u> Add			APT 11B
<u> </u> Remove			Miami Beach Fl 33141

2) Change _____

Add _____

Remove _____

3) ____ Change _____
____ Add _____
Remove _____

4) _____ Change _____
 _____ Add _____
 Remove _____

5) _____ Change _____
_____ Add _____
_____ Remove _____

6) _____ Change
_____ Add
_____ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 08/23/2019, if other than the date this document was signed.

Effective date if applicable: 08/23/2019
(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 the 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) was/were 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

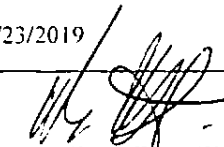
by _____."
(voting group)

☐ 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 08/23/2019

Signature



(By a director, president or other officer – if 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)

NICOLA BERTOLOTTI

(Typed or printed name of person signing)

President

(Title of person signing)