## P190000 68209

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OCT 1 8 2019 S. YOUNG



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{St}{t}$	LEIMAN ITALIANOS, INC.					
DOCUMENT NUMBER: P19000						
The enclosed Articles of Amendme	and fee are submitted for filing.					
Please return all correspondence co	erning this matter to the following:					
RAED O. SV	EISS, CPA					
	Name of Contact Person					
SWEISS & A	SWEISS & ASSOCAITES, LTD					
·	Firm/ Company					
14600 JOHN	HUMPHREY DR					
	Address					
ORLAND P	RK, IL 60462					
	City/ State and Zip Code					
rsweiss@sweisscp	com					
•	dress: (to be used for future annual report notification)					
For further information concerning						
RAED O. SWEISS, CPA	at ( 708 ) 423-1900					
Name of Contact Per	on Area Code & Daytime Telephone Number					
Enclosed is a check for the followin	amount made payable to the Florida Department of State:					
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status  (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Secti Division of Corpe P.O. Box 6327 Tallahassee, FL 3	ntions Division of Corporations Clifton Building					

## Articles of Amendment to Articles of Incorporation of

## SULEIMAN ITALIANOS, INC.

(Name)	of Corporation as curren	tly filed with the Florida Dept. of State	<u>:</u> )
P19000068209			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006. Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendi
A. If amending name, enter the new na	ame of the corporation:		
N/A			The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional corporation nam	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
			T 19
			<u> </u>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
(maining address <u>MAT BE A POST</u> )	OFFICE BOX		
		<del>-</del> -	70.0
			<u> </u>
<ul> <li>If amending the registered agent an new registered agent and/or the new</li> </ul>			
Name of New Registered Agent	N/A		
State of Sea Registered Agent		· · · · · · · · · · · · · · · · · · ·	<del></del>
	(Florida s	treet address)	<del></del>
V n :	N/A	er :	
New Registered Office Address:	<del></del>	, Florida_ (City)	(Lip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ocition
r nevery accept the appointment as regist	егеа адет. Тат јатаа	with and accept the omigations of the pr	saion.
	Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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:

 $P = President; \ \Gamma = Vice\ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CE$ Executive Officer,  $CFO = Chief\ Financial\ Officer$ . If an officer/director holds more than one title, list the first letter of C 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	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	ST	JESSIE SULEIMAN	1800 SETTLE ST
X Add			CLERMONT, FL 34711
Remove			
2) X Change	PV	DAVID SULEIMAN	10138 LAKE MONA WAY
Add			OXFORD, FL 34484
Remove			
3 ) Change			J-11.
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			
б) Change			<del></del>
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A
·

	9/27/2019	
The date of each amendment(s) a date this document was signed.	idoption:	, if oth
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be li:
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	9/22/19	
Signature //	Van C	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	DAVID SULEIMAN	
	(Typed or printed name of person signing)	
	PRESIDENT / INCORPORATOR	
	(Title of person signing)	•