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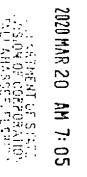
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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ΓΙΟΝ: STIZZOLI GROU	JP 2, INC	
DOCUMENT NUMBER	R:P20000013883		<u>. </u>
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
н	JMBERTO PAPPATERF	R A	
ST	1ZZOLI GROUP 2, INC	Name of Contact Persor	1
		Firm/ Company	
20	BOXWOOD RD		
		Address	
НС	DLLYWOOD, FL. 33021		
_		City/ State and Zip Code	e
hu	mberto@boulevard03.co	om	
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call: 786	256-1431
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for th	e 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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

Articles of Amendment to Articles of Incorporation of

STIZZOLI GROUP 2, INC

(Name of Corporatio	n as currently filed with the Flor	rida Dept. of State)
P20000013883		
(Docume	ent Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	pration adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co, "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corpo	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD		75
		3 3 7
		7.2.
C. Enter new mailing address, if applicable:		120
(Mailing address <u>MAY BE A POST OFFICE BO</u>)	<u> </u>	一一
	-	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(Ciţ)	(Elp Code)
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered agent.	l am familiar with and accept the a	obligations of the position.
Signa	ture of New Registered Agent, if cl	hanging
Check if applicable		
COSTA II APPIICAVIC		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: 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>	Address
1) Change	<u>s</u>	HECTOR R PARADISI	20 BOXWOOD RD
Add			HOLLYWOOD, FL. 33021
X Remove			
2) Change	s 	ANTONIO FERRO	VIA PORRAS, ED TEE ONE 220
X Add			S FRANCISCO, PANAMA 0801
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

	(Be specific)	
		•
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		
F	hange, reclassification, or cancellation of issued share	• s .
i an amendment provides for an exc.	THE LEGICAL STREET, ST	· · · · ·
provisions for implementing the ame	endment if not contained in the amendment itself:	
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
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provisions for implementing the ame	endment if not contained in the amendment itself:	

• • • • • •

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	MARCH 1ST. 2020.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requiremed Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendn	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	Ţ.	
	(voting group)	
Signature (By a	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, of inted fiduciary by that fiduciary) HUMBERTO PAPPATERRA	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	

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