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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736 Fax Number : (305)646-1527

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN VERDUCCI'S PIZZA, INC.

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	Articles of Amendme	nt	AR	1 29	
	to Articles of Incorporati		EE		
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	VERDUCCI'S PIZZA, IN	₹C.	ORIDA	9.	
(Name of	Corporation as currently filed w	ith the Florida Dept. of State)		-5	_
	P20000037831			٠	
	(Document Number of Corpora	tion (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida F</i>	rofit Corporation adopts the follo	owing amendm	ent(s)	) t
A. If amending name, enter the new nam	ne of the corporation:				
	VERDUCCI, INC.				
name must be distinguishable and contain the	have and "compared " to		The nev		
	че жога согроганов, сотрану,	" or "incorporated" or the abbrev			
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## 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.

X_Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>Ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
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n Change		. ,		
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	i, if necessary)	icles, enter change(s) here: (Be specific)
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The date of each amendment(s) date this document was signed.	adoption:	, if oth	er than	the
J				
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 I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be lis	ted as	the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and	shareholde	er	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	₽°°	~3	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	EChe î LLAHA	2021 OCT 29	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	ART	62	1  
by	•	<u>(</u> , €;		[7]
	(voting group)	STATE FLORID	AH 9: 45	
ОСТОВЕ	R 27, 2021	Dri A	5	
DatedSignature	male			
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_		
	JULIO D. CAVERO ARANA			
	(Typed or printed name of person signing)	<del></del>		
	PRESIDENT			
	(Title of person signing)			