P2000056907

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COVER LETTER

TO: Amendment Section, Division of Corporations

NAME OF CORPORATION: TALLAN SMA DOCUMENT NUMBER: P2 0000056907	RÍ FOOD COMPANY INC
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
(Flo VANNI Name	ANGELUCES of Contact Person
ITALIAN SUMET	FUOD COMPANY (NC
5/31 SUNDA DRIVE	Address
SOUTH MIAMI, FL. City/S	33143 State and Zip Codel
E-mail address: (to be used for fut	R & GMAL - WM ure annual report notification)
For further information concerning this matter, please call:	
Name of Contact Person	at (796) 4 3 5 7 3 5 4 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certi	75 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status tional copy is Certified Copy (seed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 DEC 14 PH 12: 18

(TALLAN SMAPY (Name of C	UDD GUPA	~4 (~c	rarings 14 AHS	2: 18
(Name of C	Corporation as curre	ently filed with the Fl	5rida(Dept: of State)	
P20000056507			TATE OF STATE	
	(Document Number	er of Corporation (if kr	own)	
rsuant to the provisions of section 607.100 Articles of Incorporation:	06, Florida Statutes, t	his <i>Florida Profit Corp</i>	poration adopts the following	owing amendment
If amending name, enter the new name	e of the corporation	<u>:</u>		
\sim / A				The new
me must be distinguishable and contain the nc.," or Co.," or the designation "Corphartered," "professional association," or	o, " "Inc," or "Co".	. A professional corp		
Enter new principal office address, if a incipal office address MUST BE A STR		_N/A		
Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) If amending the registered agent and/o	F <u>ice box</u>)	A	er the name of the	
new registered agent and/or the new re				
Name of New Registered Agent	NA			
	(Florida	i street address)		
New Registered Office Address:	NIA		, Florida_	
		(City)		(Zip Code)
ew Registered Agent's Signature, if chan		ent:	·	
reby accept the appointment as registered	d agent I am famili	ar with and accept the	obligations of the positi	on.
	Signature of Nev	w Registered Agent, if c	hanging	

Check if applicable

☐ 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>	<u>John Doe</u>	
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>	<u>Addres</u> s
1) Change	5	FICEPPO POMANU	9172 GLLINS AVE
Add			# 30 P SURFSIDE
Remove 2) Change	_\$_	GIOVANNI ANGELUCCI	FL 33154 1205 MAPILISA AVE
X Add			#305, GHAL G-ABLES
Remove 3) Change			FL, 33146
Add			
Remove			
4) Change	-		<u> </u>
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)	
NA	
	
. If an amendment provides for an exchange, reclassification, or cancellation of issu	ed shares,
provisions for implementing the amendment if not contained in the amendment if (if not applicable, indicate N/A)	tself:
14-12-	

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. In the amendment(s) (CHECK ONE) The amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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) Dated (13/202/ 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) (Towny) AND FLUCT (Typed or printed name of person signing)	The date of each amendment(s) adoption:	12/13/2021	, if other than the
tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. CHECK ONE	date this document was signed.	, , ,	
tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. CHECK ONE	Effective date if applicable:	12/13/2021	
CHECK ONE) The amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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) Dated 12/13/202/ 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) ### COVAMI AND FLUCI (Typed or printed name of person signing) ###################################		(no more than 90 days after amendment file	date)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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			ements, this date will not be listed as the
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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		the incorporators, or board of directors without sh	nareholder action and shareholder
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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) (Typed or printed name of person signing) If ESIDEMT			
Signature Signature Signa	"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
Signature Signature Signa	by	<u>;</u>	
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) (Typed or printed name of person signing) PFESIDEM		voting group)	
(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) (TIVAMI ANDEL UCCI (Typed or printed name of person signing) PFESIDEMI	Dated 12/13/2	202/	
(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) (TOVAMI AND FLUCCI (Typed or printed name of person signing) PFESIDEMI	Signature Gree	: Aylei	
PFESIDENT	(By a director, p selected, by an i	incorporator - if in the hands of a receiver, trustee	
PFESIDENT	<u></u>	(Typed or printed name of person signing)	
1 () () () ()			
(Title of person signing)		(Title of person signing)	