P20000062635

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MIMMO'S PIZZA	INC	-			
DOCUMENT NUMBER: P20000062635						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	pondence concerning this ma	tter to the following:				
	ZARINA ASHRAPOVA					
•		Name of Contact Person	1			
	MIMMO'S PIZZA INC					
•		Firm/ Company				
	7325 LIVINGSTONE LANF	3				
-	<u> </u>	Address				
	MELBOURNE, FL 32904					
•		City/ State and Zip Code	<u></u>			
-	E-mail address: (to be us	sed for future annual report	notification)			
	•					
For further information	concerning this matter, pleas	se call:				
ZARINA ASHRAPOV	/A	at (³⁴⁷	342-8428			
Name o	f Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the 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 The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

$\lambda A I$	IMA	1015	P122	A I	NC.

(Name of Corpo	ration as currently i	iled with the Florida Dep	t. of State)	
P20000062635	-			
(De	ocument Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006. Flats Articles of Incorporation:	orida Statutes, this FI	orida Profit Corporation w	dopts the following	; amendment(s)
A. If amending name, enter the new name of th	he corporation:			
N/A				The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ai	Inc," or "Co". A p	npany," or "incorporated" professional corporation i	or the abbreviation on the must contain	n "Corp" i the word
3. Enter new principal office address, if applies	able:	N/A		
Principal office address MUST BE A STREET	ADDRESS)			5 2.
				·
Enter new mailing address, if applicable:		N/A		<u>``</u>
(Mailing address MAY BE A POST OFFICE	<u>. BOA</u>)		<u>. </u>	
				 رخ
				<u> </u>
). If amending the registered agent and/or reg	istered office addre	ss in Florida, enter the na	me of the	
new registered agent and/or the new registe	ered office address:			
N/A Name of New Registered Agent			<u> </u>	-
	(Florida stree	(address)		
New Registered Office Address: N/A			Florida	
	10	lity)	(Zip (lode)
•				
y na tanàna ao	D			
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	ent. I am familiar wi	h and accept the obligation	ns of the position.	
	Signature of New Res	istared Agent, if changing		-
	and the second second second			
Check if applicable	607 0130 (11) (v II e		
Check if applicable ☐ The amendment(s) is/are being filed pursuant t	to s. 607.0120 (11) (c), 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	TS	AGATA DE FRANCESCO	3659 POSEIDON WAY
X Add			INDIALANTIC, FL 32903
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets, if necessaread as follows:	ary). (Be specific) 			
e number of sh	ares the corporation	is authorized to issu	ie is: 200 shares, No I	Par Value	
	 -			<u></u>	···
		<u> </u>			<u> </u>
					
					
				<u>. </u>	
					
					
					
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···					
	ient provides fo <u>r ar</u>	n exchange, reclass	ification, or cancella	tion of issued shares.	
<u>If an amendn</u>	or implementing the oplicable, indicate N	<u>e amendment if no</u> 74)	t contained in the am	iendment itself:	
provisi <u>ons</u> fo	pricane, maicae m	,21)			
provisions fo (if not ap					
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	November 1st, 2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	ovember 1st, 2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date))
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholders.	older action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
Novemb Dated SignatureX	er 25th, 2020	
selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	not been other court
	ZARINA ASHRAPOVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	