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J DENNIS

AUG 2 0 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DVIN ITALIAN C	CORP	
DOCUMENT NUMI	P20000094454		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	SALVATORE LIPORI		
		Name of Contact Person	1
		Firm/ Company	
	1018 E 8TH AVE		
		Address	
	HIALEAH, FL 33010	City/ State and Zip Code	2
	liporisalvatore@gmail.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
SALVATORE LIPORI		at (<u>407</u>	467-0198
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

DVIN ITALIAN CORP

(Name of Corporation as currently filed with	the Florida Dent of State)
P20000094454	the Proriga Dept. of States
(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> its Articles of Incorporation:	it Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional chartered," "professional association," or the abbreviation "P.A."	""incorporated" or the abbreviation "Corp" il corporation name must contain the word
Principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating unaress STAT DE A POST OFFICE BOA)	
	
. If amending the registered agent and/or registered office address in Floric	la, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
	2 :
ew Registered Agent's Signature, if changing Registered Agent:	pt the obligations of the position.
screby accept the appointment as registered agent. I am familiar with and acce	pt the obligations of the position. 75
	0 1
-	 .
Signature of New Registered Age	
heck if applicable	1.79°
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)

Add

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 PT John Doe X Remove V Mike Jones <u>X</u> Add SVSally Smith Type of Action Title <u>Name</u> Address (Check One) VP VINCENZO DE ROSA 5031 SKYLINE BLVD 1) ____ Change CAPE CORAL, FL 33914 ____ Add Remove VΡ NICOLA ARRICHIELLO 1200 NE MIAMI GARDENS DR 2) ____ Change APT 819 MIAMI, FL 33179 ____ Add ____ Remove 3) ____ Change __ Add ____Remove 4) ____ Change Add ____ Remove 5/ ____ Change ___ Add ____ Remove 6) Change

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		
		
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	<u> </u>	
	TALEBOOK TO THE TALE OF THE TA	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	inge, reclassification, or cancellation of is diment if not contained in the amendmen	sued shares. t itself:
· · · · · · · · · · · · · · · · · · ·		
	77.77	***************************************

The date of each amendment(s) date this document was signed.	adoption:	if other than
Effective date if applicable:		
in applicable.	(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 requirements, this Department of State's records.	date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hy	,,	
	(voting group)	
so/ec	director, president or other officer - if directors or officers have not beeted, by an incorporator - if in the hands of a receiver, trustee, or other co	
appo	nted fiduciary by that fiduciary)	
	SALVATORE LIPORI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the