P21000023802

Office Use Only



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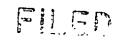
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAMMY'S PIZZA	OF VERO INC			
DOCUMENT NUM	P21000023802		<u>.</u>		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Jose M Matos				
	Name of Contact Person				
	Matos Income Tax services				
	Firm/ Company				
	6705 S US Hwy 1				
	Address				
	Port St Lucie FI 34952				
	-	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	j_958@hotmail.com				
	. —	sed for future annual report	notification)		
For further information	on concerning this matter, plea		521-5442		
Name of Contact Person		at (772) 521-5442 Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount made				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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			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



SAMMY'S PIZZA OF VERO INC

Check if applicable

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

2021 DEC 10 AH 9: 12

(Tainie)	of Corporation as currently	filed with the Florida Dept. for State), Fire of the
P21000023802		TALLAPYS等的特色
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new n	ame of the corporation:	
		Thenew
	"orp," Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,		N/A
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
(1. 2000) Ann. 2000	<u> </u>	
). If amending the registered agent ar		
new registered agent and/or the ne	w registered office address:	
Name of New Registered Agent	N/A	
	N/A	
	(Florida stre	et address)
New Registered Office Address:	N/A	Florida
New Registered Cypes Address		City (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
		ith and accept the obligations of the position.
	Signature of New Re	gistered Agent, if changing

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	VP	JHONATAN JONAS LUCAS	507 AZALEA AVE
x Add			FORT PIERCE, FL 34982
Remove			
2) Change			
Add			
Remove 3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

l. <u>If ameno</u> (Attach <i>a</i>	<mark>ding or adding ad</mark> idditional sheets, ij	lditional Articles f necessary), (B	, enter change(s l <i>e specific)</i>) here:		
N/A	·	·	. ,			
 -						
						
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						<u> </u>
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	<u> </u>			<u> </u>		
						
. <u>If an am</u> provisi	endment provide ons for implemen	es for an exchang	<u>e, reclassificatio</u> ient if not conta	n, or cancellation	n <u>of issued shares</u> dment itself:	בי
(if)	not applicable, ind	licate N/A)				
N/A						
						•
		· · · · · · · · · · · · · · · · · · ·		 		
			2 18			
						

	t(s) adoption:	, if other than the
date this document was signed Effective date if applicable:	OCTOBER 21, 2021	
<u> </u>	(no more than 90 days after amendment file date)	-
	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sharehold	der action and shareholder
	re adopted by the shareholders. The number of votes cast for the amer ere sufficient for approval.	dment(s)
	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
Dated X Signature _	Jaky Jucas	
Š	a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or off ppointed fiduciary by that fiduciary)	
	CINDY LUCAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	