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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: RESTAURANT C	ERISCI INC.	
DOCUMENT NUMBE	P2100044576		
The enclosed Articles of	**************************************	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		GIOVANNI GAGLIARD) I
-		Name of Contact Persor	1
		GIOVANNI GAGLIARD	I
_		Firm/ Company	
	144	I BRICKELL AVE. SUIT	E 1400
_		Address	
		MIAMI FL 33313	ł
	-	City/ State and Zip Code	e
	11	nsalcedo@salcedogroupcpa	ı.com
-	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		2151163
Name of	Contact Person	at (<u>305</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	L.\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Taliahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

to

	2021 JUN -6 PM 4: 32
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P21000044	SECRETARY OF STATE
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
N/A	771
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addre	ddress in Florida, enter the name of the
Name of New Registered Agent N/A	
Name of New Registerea Agent	
	street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia	nt:
Tan jamana	wan and accept the obligations of the position.
Signature of New	Registered Agent, if changing
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 Doc, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	LUIGI CRISCI	1441 BRICKELL AVE STE 1400
Add			MIAMI FL 33131
Remove			
2) X Change	D	GIOVANNI GAGLIARDI	1441 BRICKELL AVE STE 1400
Add			MIAMI FL 33131
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)). (Be specific)			
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	06/18/2021	
The date of each amendment		, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	06/18/2021	
enective date <u>n appareable</u> .	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendme ere sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following state d for each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by YES	"	
<i></i>	(voting group)	
06/18 Dated Signature	Callo	
se	y a director, president or other officer – if directors or officers have not been lected, by an accorporator – if in the hands of a receiver, trustee, or other expointed fiduciary by that fiduciary)	
	GIOVANNI GAGLIARDI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	