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Office Use Only



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COVER LETTER

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: RE	RESTAURANT CRISCI INC.			
Enclosed are an orig	ginal and one (1) copy of the re-	stated articles of incorpora	ation and a check for	
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$52.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	

FROM:	RESTAURANT CRISCI INC.
i icom.	Name (Printed or typed)
	1441 Brickell Ave
	Address
	MIAMI, FL. 33131
	City, State & Zip
	305-2151163
	Daytime Telephone number
	msalcedo@salcedogroupcpa.com
	E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ext of the Restated Articles is as follows: N/A	
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ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	CRISCI VINCENZO	1441 Brickell Ave.
X_{Add}			Miami FI 33131
Remove			2922 HAY
2) Change		In la	
Add			· • •
Remove			P)1
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			<u> </u>
Add			
Remove			

ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL) The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: NA Name: Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent ARTICLE VI ARTICLE CONSOLIDATION These restated articles of incorporation consolidate all amendments into a single document; ARTICLE VII REQUIRED ADOPTION INFORMATION Check if applicable: The amendment(s) is/are being filed pursuant to s. 607.0120(11)€, F.S. The date of each amendment(s) adoption is: if other than the date this document is signed. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting group. 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 was/were sufficient for approval by

(voting group)

ARTICLE VIII EFFECTIVE DATE:	05/03/2022	
Effective date, if other than the date of filing:	OOIOOIZOZZ	(OPTIONAL)
(If an effective date is listed, the date must	be snecific and cannot be mo	ore than 90 days after the filing

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 05/03/2022	
Signature:	
(By a director, president or other officer – if directors or office have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	ers e or
GIOVANNI GAGLIARDI	
(Typed or printed name of person signing)	
Director SAU - C	
(Title of person signing)	