P210000 45622

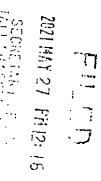
(Requestor's Name) (Address)	
(Address)	4003668
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	05/27/21010
(Document Number)	
Certified Copies Certificates of Status	
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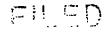
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ARTISAN DELL,	NC.		
	1BER: P21000045622			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	REKA A MATHE			
		Name of Contact Person	1	
	ARTISAN DELL, INC.			
		Firm/ Company		
	422 S DIXIE HWY			
	Address			
	HOLLYWOOD, FL 33020			
	,	City/ State and Zip Cod	e	
	BALEANUI@GMAIL.COM	[
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	ion concerning this matter, pleas	se call:		
REKA MATHE		at (<u>9</u> 54	294-6969	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	urtment of State;	
■ \$35 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			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

Articles of Amendment fo Articles of Incorporation



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2021 MAY 27 PH 12: 16

ARTISAN DELI, INC.	
(Name of Corpor	ration as currently filed with the Florida Deptr of State)
P21000045622	<i>,</i>
(Doc	cument Number of Corporation (if known)
	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Corp.," nc," or "Co". A professional corporation name must contain the word obreviation "P.A."
B. Enter new principal office address, if applica	ıble:
(Principal office address <u>MUST BE A STREET A</u>	IDDRESS)
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE)	BOX)
	stered office address in Florida, enter the name of the
new registered agent and/or the new register	ed office address:
Name of New Registered Agent	
	(Florida street address)
March and Committee	PL -: I
New Registered Office Address;	, Florida
New Registered Agent's Signature, if changing F	Registered Agent:
I hereby accept the appointment as registered agen	t. I am familiar with and accept the obligations of the position.
Si	ignature 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)

Example:

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	CATALIN DINU LUPEA	1905 N 43TH AVE.
X Add			HOLLYWOOD, FL 33021
Remove			
2) X Change	MGR	JOHN BALEANU	422 S DIXIE HWY
Add			HOLLYWOOD, FL 33020
Remove 3) Remove			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articological (Attach additional sheets, if necessary).	(Be specific)
,	
 	
_	
	
	
16	1 of the state of
nearisians for implementing the array	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament if not contained in the amendment usen.
(i) nor appreciant, material will,	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed,		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	lopted by the shareholders. The number of votes east for the ame sufficient for approval.	endment(s)
	oproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
bv	<u>,"</u>	
·	(voting group)	
MAY 22. Dated	liatle	
(By a select	director, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	REKA A MATHE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	