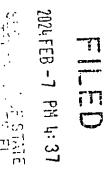
P23000051472

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Decision 5 stitutions)				
(Business Entity Name)				
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Certified Copies Certificates of Status				
				
Special Instructions to Filing Officer:				
NO\$ 11/14				
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Office Use Only



COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Pileggi Investors Group, Inc. DOCUMENT NUMBER: P23000051472 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nidia Delgadillo Name of Contact Person Veil Registered Agent, LLC Firm/ Company 1187 N. 1200 W. Ste. 300 Address Orem, UT 84057 City/ State and Zip Code renewals@veil.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Nidia Delgadillo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$43.75** Filing Fee & ☐\$43.75 Filing Fee & **□\$**52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

to

Pileggi Investors Group, Inc.	2024 FEB -7 PM 4: 37		
(Name of Corporation as current	ly filed with the Florida Dept. of State) TSTATE		
P23000051472	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment		
A. If amending name, enter the new name of the corporation:			
	The new		
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.	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	417 5th Avenue Suite 206B		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Indialantic, FL 32903		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4608 Lago Vista Dr.		
	Micco, FL 32976		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida si	reet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
Signature of New I	Registered Agent, if changing		
Cheek if applicable			

 \Box 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	PT	John Doc	
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) Change	S	Shireen Khalil Murphy	4608 Lago Vista Dr.
Add X Remove			Micco, FL 32976
Remove 2) Change	S	Shireen Khalil	4608 Lago Vista Dr.
X Add			Micco, FL 32976
Remove 3) Change	CFO	Angela Pietrantonio	3410 Galt Ocean Dr. #2008N
X Add			Fort Lauderdale, FL 33308
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	•		
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		on or cancellatio	n of issued shares.	
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provisions for implementing the am	hange, reclassificati endment if not cont	ained in the amen	dment itself:	·
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provisions for implementing the am	hange, reclassificati endment if not cont	ained in the amen	dment itself:	

The date of each amendment(s) 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)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
★ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amen e sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendments.	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
October Dated	31, 2023	
Signature		
(Bý	a director, president or other officer - if directors or officers have no	
	eted, by an incorporator – if in the hands of a receiver, trustee, or off ointed fiduciary by that fiduciary)	ier court
	Christian Pileggi	
	(Typed or printed name of person signing)	
	Director/President	
	(Title of person signing)	



December 6, 2023

NIDIA DELGADILLO 1187 N. 1200 W. STE. 300 OREM, UT 84057

SUBJECT: PILEGGI INVESTORS GROUP, INC

Ref. Number: P23000051472

We have received your document for PILEGGI INVESTORS GROUP, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

LER D 6 500.4

Letter Number: 323A00027791

Pileggi Investors Group Inc.



November 8th,2023

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Subject: The state rejected the form because the wrong form was sent.

Here is the correct form, with the right information and signed. There will be a photocopy of our check that was sent on September 11th, 2023 for the filling fee. The check passed through our bank account on September 25th, 2023 of 35\$.

Regards, Shuller I Khali

417 5th Avenue Suite 206B, Indialantic, Florida 32903 USA