P23000057798

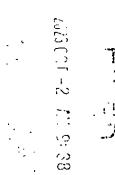
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MAMA MIA'S PIZ	ZZA FACTORY INC	
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	NICK SKARGEE		
		Name of Contact Person	n
	NICK SKARGEE ACCOUN	TING & TAX INC.	
		Firm/ Company	
	507 HERBERT ST. STE A		
	·	Address	
	PORT ORANGE , FL 32129		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
	ACCT7264@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
NICK SKARGEE		at (788-7264
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MAMA MIA'S PIZZA FACTORY INC

(Name of Corporation	n as currently filed with the Florida Dept. of State,
23000057798	
(Docume	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the cor	poration:
	The new
	poration," "company," or "incorporated" er the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	o
	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	
Name of New Registered Agent	
Name of New Negtsterea Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registhereby accept the appointment as registered agent. I describe the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.

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 Do	<u>ne</u>	
X Remove	V	Mike Jo	<u>pnes</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	MARMOLEJOS, GILBERTO L	787 CROSSWIND WAY
Add				PORT ORANGE, FL 32128
X Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	necessary) ((Be specific)			
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	<u>.</u>				
	. <i>F</i>			er. 1.1	
F	s tor an exchan	ige, reclassificati	on, or cancellatio	<u>n of issued snare</u>	<u>S</u> .
f an amendment provides	ing the amend	ment if not cont	ainea in the amer	idment itself	
If an amendment provides provisions for implement (if not applicable, indi	ting the amend icate N/A)	ment if not cont	ainea in the amer	idment itselt:	
f an amendment provides provisions for implement (if not applicable, indi	ting the amend icase N/A)	<u>ment if not cont</u>	ained in the amer	idment itselt:	
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provisions for implement	ting the amend	ment if not cont	ained in the amer	ndment itselt:	

09/28/2023	
The date of each amendment(s) adoption:, if other	than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholde action was not required.	: r
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. 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(s) was/were sufficient for approval	
by	
by" (voting group)	
9/28/2023 Dated	
Signature Trancisco Eec	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
FRANCISCO A TAVERAS FIGUEROA	
(Typed or printed name of person signing)	•
PRESIDENT	
(Title of person signing)	

•