P24000013219

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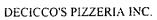
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TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	ION:	DECICCO'S PIZ	ZZERIA, I	INC.
DOCUMENT NUMBER		P240000	013219	
		barrissa di Com Giliano	_	-
The enclosed Articles of A	mendment and fee are su	omitted for filling		
Please return all correspon	dence concerning this ma	tter to the followi	ng:	
		SANTINO D. SA	NABRIA	., CPA
		Name of Cont	act Persor	1
	S.D. SA	NABRIA, CPA (REGISTI	ERED AGENT)
		Firm/ Cor	npany	
	8825 PI	ERIMETER PAR	K BLVD.	., SUITE 302
		Addre		
		JACKSONVILI		
		City/ State and	I Zip Code	2
	SAN	TINOS@SDSAN	IABRIAC	PA.COM
	E-mail address: (to be us	ed for future ann	ual report	notification)
For further information co	massaine this metter plan	ea anii:		
For further information co	ncerning this matter, picas	se can.		
SANTINO D. S	SANABRIA, CPA	at (352) 262-6003 de & Daytime Telephone Number
Name of C	ontact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Flo	orida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Cop (Additional co- enclosed)	ру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Divisior P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of





to

	v filed with the Florida Dept. of State) Files 12: 1,8
P2400001	13219
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amends
A. If amending name, enter the new name of the corporation:	
N/A	The no
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain the wo
3. 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
(umg unites in the same of	
 If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: 	ress in Florida, enter the name of the
	<u>:</u> N/A
Name of New Registered Agent	
(Florida str	eet address)
(Florida stre	eei address) . Florida

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	
\underline{X} Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PCEO	CHRISTOPHER E. BURNS	661 FORT WILLIAM DRIVE
Add			SAINT JOHNS, FL 32259
X Remove			
2) Change	PCEO	CHRISTINA BURNS	661 FORT WILLIAM DRIVE
X Add			SAINT JOHNS, FL 32259
Remove 3) Change	VP	WILLIAM JULIAN	71 SOUTH AVENUE
X Add			STATEN ISLAND, NY 10303
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		. <u> </u>
Add			
Remove			

	(Be specific)	
	N/A	
	-	
	<u> </u>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y ma approacte, material (m))	N/A	
	IN/A	
•		_
-		
		_
		_

	2/15/2024
The date of each amendment(s)	doption:, if other than the
date this document was signed.	
	2/15/2024
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	N/A
., <u></u>	(voting group)
selecte	15/2024 MISTIMU BUW irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	CHRISTOPHER E. BURNS
	(Typed or printed name of person signing)
	PRESIDENT & CEO
	(Title of person signing)