P98000064984

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400185468424

10/07/10--01006--031 **175.00



Amend

TP

OCT -8 2010

COVER LETTER

TO: Amendment Section : **Division of Corporations**

NAME OF CORI	PORATION:	Angel Pasta Inc			
DOCUMENT NU	MBER:	P98000064984			
The enclosed Artic	les of Amendment and fee a	are submitted for filing.			
Please return all co	errespondence concerning the	is matter to the following:			
	Julie Asaad				
	N	lame of Contact Person			
Angel Pasta Inc					
	Firm/ Company				
		5681 Division DR			
	Address				
	F	t Myers FL 33905			
•		ity/ State and Zip Code	***************************************		
	wmaher E-mail address: (to be use	rcpa@yahoo.com d for future annual report notification)			
For further informa	ation concerning this matter,	please call:			
	W Maher	at (239) 33 Area Code & Daytime Tele	37-3247		
Name	of Contact Person	Area Code & Daytime Tele	ephone Number		
Enclosed is a check	for the following amount m	nade payable to the Florida Depart	ment of State:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

orporation
ar D
· 7
the Florida Dept. of State
- FLOATE
ion (if known)
tes, this Florida Profit Corporation adopts the following
<u>n;</u>
The new
oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A." 5681 Division DR Ft Myers FL 33905
PO Box 6627
Ft Mvers FL 33911
address in Florida, enter the name of the lress;
i DR
DR da street address)

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
DPST	Julie Asaad	PO Box 6627 Ft Myers FL 33911	
			Add Remove
	ding or adding additional Artic dditional sheets, if necessary).		
provisio	mendment provides for an exchons for implementing the ament to applicable, indicate N/A)	ange, reclassification, or cancellation dment if not contained in the amend	of issued shares, ment itself:
N/A			
			

The date of each amendmen	t(s) adoption: <u>9</u>	/30/2010
Effective date <u>if applicable</u> :	9/30/2010	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	ndment(s) was/were sufficient for approval
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by th	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	те adopted by th	e incorporators without shareholder action and shareholder
Dated 9/30 Signature		ulie Tove Casal
sele	cted, by an incom	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Julie Asaad
	(Ту	rped or printed name of person signing)
		Pres
	(Title o	f person signing)