## P99000096475

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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02/05/08--01019--011 \*\*43.75



Amend +NIC

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PRESTO ITALIA	AN RESTAURANT, INC.
DOCUMENT NUMBER: P99 0000	96475
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Evelin (Name of Co	Ganza ontact Person)
Presto Italia (Firm/C	an Bestaurant, Inc.
16585 NW 8	Ave suite#402
North Miami Boh (City/ State a	1. FL, 33169 and Zip Code)
For further information concerning this matter, plea	ase call:
EVELIN GAINZA	at ( 786 ) 294-4579
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

FILED 08 FEB -5 AM 9: 26

PRESTO ITALIAN RESTAURANT, INC.

AN RESTAURANT, INC.

SECRETARY OF STATE

(Name of corporation as currently filed with the Florida Dept ASSEE, FLORIDA)

	(Document number of corporation (if known)
rsuant to the	provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i>
	wing amendment(s) to its Articles of Incorporation:
EW CORPO	RATE NAME (if changing):
	NAGEMENT, INC.
ust contain the professional co	word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") rporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	TS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) Fitle(s) being amended, added or deleted: (BE SPECIFIC)
Please	e Change Principal address to
	0585 NW 2 AVP.
	Suite # 402
Nor	th Miami Beach Fl. 33169
-	(Attach additional pages if necessary)
	nt provides for exchange, reclassification, or cancellation of issued shares, provision ag the amendment if not contained in the amendment itself: (if not applicable, indicate N
	·

(continued)

The date of each amendment(s) adoption: 2/4/08
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (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)  (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35