

P11000014339

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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11 FEB 28 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLETTE
FEB 28 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTER MASCAGNI, INC

DOCUMENT NUMBER: P11000014339

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos A. Gil

Name of Contact Person

Carlos A. Gil, P.A

Firm/ Company

3910 West Flagler Street

Address

Miami, Florida 33134

City/ State and Zip Code

CARLOS@CARLOSAGILPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos

Name of Contact Person

at (305)

443-2525
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

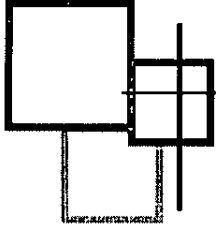
\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

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



THE LAW OFFICE OF
CARLOS A GIL, P.A.

Carlos A. Gil, Esq.
Henry M. Gamboa, Esq.
Andrew Palma, Esq.

February 25, 2011

VIA FEDERAL EXPRESS

Ms. Cheryl Coulliette
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Inter Mascagni, Inc
Reference No: P11000014339

Dear Ms. Coulliette:

Enclosed herein please find the executed document for the above referenced reference number.

Should you have any questions, please feel free to contact this office. Thank you for your attention on this matter.

Sincerely,
CARLOS A. GIL, P.A.

Carlos A. Gil, Esq.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2011

CARLOS A. GIL, P.A.
3910 WEST FLAGLER ST
MIAMI, FL 33134

SUBJECT: INTER MASCAGNI, INC
Ref. Number: P11000014339

We have received your document for INTER MASCAGNI, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to complete the last page of your amendment form before submitting it to this office. Please complete and return to my attention.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 611A00004490

RECEIVED
11 FEB 28 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to,
Articles of Incorporation
of

INTER MASCAGNI, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000014339

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____ (Florida street address)

_____, Florida
(City) (Zip Code)

FILED
11 FEB 28 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>UMBERTO MASCAGNI</u>	<u>8177 WEST GLADES ROAD</u> <u>BOCA RATON, FL 33434</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>RICCARDO MASCAGNI</u>	<u>8177 WEST GLADES ROAD</u> <u>BOCA RATON, FL 33434</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>VERONICA MASCAGNI</u>	<u>8177 WEST GLADES ROAD</u> <u>BOCA RATON, FL 33434</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	ACHILLE MASCAGNI	8177 WEST GLADES ROAD BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 02/10/2011
(date of adoption is required)

... Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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 _____.”
(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.

Dated 2/12/2011
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)

CARLOS GU
(Typed or printed name of person signing)

INCORPORATOR
(Title of person signing)