## P05000093408

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #	<del>(</del>
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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D CUSHING

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	CAPRI USA INC		
DOCUMENT NUME	P05000093408			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MONIQUE TRONCONE			
		Name of Contact Persor	1	
	MONIQUE TRONCONE C	PA PA		
		Firm/ Company		
	55 NE 5TH AVENUE SUIT	ΓE 501		
	Address			
BOCA RATON FL 33432				
	City/ State and Zip Code			 ⊀
	MONIQUE@TRONCONE-CPA.COM			18 001
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		· · · · ·
TOT TUTTIES INTOTTIALION	reoneething this matter, preac	e can.		i A
	MONIQUE TRONCONE	at (	417 0308	E 5.5
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 Depa	artment of State:	
S35 Filing Fee	☐S43.75 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)	
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301



September 11, 2018

MONIQUE TRONCONE
MONIQUE TRONCONE CPA PA
55 NE 5TH AVENUE, SUITE 501
BOCA RATUN, FL 33452

SUBJECT: CAPRI USA, INC. Ref. Number: P05000093408

We have received your document for CAPRI USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to file an amendment you must submit Articles of Amendment and not Articles of Incorporation. You may use our form or draw up your own.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 718A00018856

18 SEP 27 AMILIOS SCCRETARY OF THE



October 4, 2018

MONIQUE TRONCONE MONIQUE TRONCONE CPA PA 55 NE 5TH AVENUE, SUITE 501 BOCA RATON, FL 33432

SUBJECT: CAPRI USA, INC. Ref. Number: P05000093408

We have received your document for CAPRI USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Letter Number: 918A00020679

Diane Cushing Senior Section Administrator

2018 OCT 15 PM 2: 1
SECRETARY OF STATEMENT AND ASSET, FI

## Articles of Amendment to Articles of Incorporation of

## CAPRI USA INC

CAIRI 657	THE THE		
(Name of Corporation as currently	filed with the Florida Dept. of State)		
(Document Number of O	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Iorida Profit Corporation adopts the following	g amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
		The n	agu.
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	lo". A professional corporation name must o	_ bhreviat	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<del></del>
			_
C. Fator new mailing address if applicables		ਹ <b>ੰ</b>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>~~~</u>	- 1 (
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D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	5	
			• 1
Name of New Registered Agent		-	
		-	
(Florida stree	n address)		
New Registered Office Address:	, Florida	Code)	_
'		- ,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ish and assent the obligations of the position		
I hereby accept the appointment as registered agent. I am familiar w	an and accept the obligations of the position.		
,			
		_	
Signature of New Re	gistered 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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones :	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	RAFAEL E CAPRILES	2554 COCO PLUM BLVD
Add			APT 601
Remove		•	BOCA RATON FL 33496
2) Change	V	ALICIA ELENA CAPRILES	55 NE 5TH AVENUE
X Add			SUITE 501
Remove			BOCA RATON FL 33432
3) Change	D	ANDREINA ISABEL CAPRILES	55 NE 5TH AVENUE
X Add			SUITE 501
Remove			BOCA RATON FL 33432
4) Change	D	CAROLINA CAPRILES	55 NE 5TH AVENUE
X Add			SUITE 501
Remove			BOCA RATON FL 33432
5) Change			
Add			
Remove		;	
6) Change			
Add			
Remove		· —· · · · · · · · · · · · · · · · · ·	

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific), ARTICLE VI
INCORPORATOR(S)
The name (s) of each incorporator is (are):
1. Rafacl E Capriles, President
2. Alicia Elena Capriles, Vice-President
3. Andreaina Isabel Capriles, Director
4. Carolina Capriles, Director
ARTICLE VII
CAPITAL CONTRIBUTIONS
The corporatio reserves the right to amend, alter, change or repeal any provision in theses Articles of Incorporation in the
manner prescribed by law, and all rights conferred on the shareholders are subject to this reservation, These Articles may be
amended prior to the issuance of shares of the Corporation by President who has autonomy to amend or make any decisions
on behalf of the company.
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)

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific).
ARTICLE VIII
INICIAL OFFICERS
The Corporation shall have as President, Rafael E Capriles, as Vice-president, Alicia Elena Capriles, as Director, Andreina
Isabel Capriles, as Director, Carolina Capriles.
The effective date for this Corporation shall be: June 30, 2005.
ARTICLE IX
PERCENTAGE OF OWNERSHIP INTEREST
100% Own by Rafael E Capriles
ARTICLE X
OFFICERS
1. The business of this Corporation shall be conduted and managed by its President, Mr. Rafael E Capriles who shall have
the power to approve and adopt the Bylaws of this Corporation until there are elected
2. The qualifications, time and place of election and term of office of each officer shall be provided for in the Bylawys of
the Corportation
3. The office of this Corporation may consist of a President, Vice-president and Secretary, and such other officers and agents
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)
—

	sheets, if necessary). (Be specific)
may be provided for	or by the Bylaws of this Corporation, who shall be chosen, serve for such termand have such duties as
ay be prescribed by	such bylaws.
<del></del>	
,	
If an amandment	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for in	nplementing the amendment if not contained in the amendment itself:
(if not applie	cable. indicate N/A)

The date of each amendment(s) adopti-	on:	, 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 document's effective date on the Department.	does not meet the applicable statutory filing requirements, this danent of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(sent for approval.	s)
	d by the shareholders through voting groups. The following statemed voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder .  by the incorporators without shareholder action and shareholder	:r
SEPTIEMBR Dated		
Signature(By a director	or, president or other officer if air oversor officers have not been	
selected, by	an incorporator – if in the hands of a receiver, trustee, or other cour duciary by that fiduciary)	1
арроппес н	MONIQUE TRONCONE	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	<del></del>