

# N)(00000)09(00)

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(ddsinoss chicky mario)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300163525583

12/14/09--01035--029 \*\*35.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

APPROVE AND FILED



#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: THE SICILIAN	N CULTURAL AND FILE	M FESTIVAL, INC
DOCUMENT NUM	BER: N0600002602		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		MALIZA, ESQ.	<del>Parker A. A. A.</del>
	(Name of	f Contact Person)	
	DIS	SANTO LLP	
-	(Firm	n/ Company)	
	1000 FIFTH S	STREET, SUITE 200	
	(	Address)	
	MIAMI BE	EACH, FL 33139	
	(City/ Sta	ate and Zip Code)	
		DISANTOLAW.COM ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	æ call:	
AMY K. MALIZA,	ESQ.	at ( 305 ) 479-26°	16
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departmen	nt 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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle



December 17, 2009

AMY K MALIZA, ESQ 1000 5 ST STE 200 MIAMI BEACH, FL 33139

SUBJECT: THE SICILIAN CULTURAL AND FILM FESTIVAL, INC.

Ref. Number: N06000002602

We have received your document for THE SICILIAN CULTURAL AND FILM FESTIVAL, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6957.

Letter Number: 609A00038418

Tracy L Lemieux Regulatory Specialist II

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

### THE SICILIAN CULTURAL AND FILM FESTIVAL, INC

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

#### N06000002602

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and abbreviation "Corp." or "Inc." <u>"Company</u> "			rporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		8300 HAWTHORNI	E AVENUE
		MIAMI BEACH FL	33141
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		8300 HAWTHORNE	AVENUE
		MIAMI BEACH FL 33141	
The state of the s	r registered office	address in Florida, ente	er the name of the
new registered agent and/or the new re	gistered office ad		er the name of the
new registered agent and/or the new re-	gistered office ad DI	dress:	_
new registered agent and/or the new re-	eistered office ad DI: 1000 FIFTH	dress: SANTO LLP	_
new registered agent and/or the new re Name of New Registered Agent:	DI:  1000 FIFTH  (Flore	dress: SANTO LLP STREET, SUITE 200	_
new registered agent and/or the new re  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if chan	pistered office ad  DI:  1000 FIFTH  (Flore  MIAMI B  ging Registered A	dress: SANTO LLP STREET, SUITE 200 ida street address) EACH, FL 33139 (City)	_, Florida 33139 (Zip Code)
new registered agent and/or the new re	pistered office ad  DI:  1000 FIFTH  (Flore  MIAMI B  ging Registered A	dress: SANTO LLP STREET, SUITE 200 ida street address) EACH, FL 33139 (City)	_, Florida 33139 (Zip Code)

## 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>	Type of Action
<u>D</u>	Salvatore Catania	5600 COLLINS AVENUE APT 12-B	☐ Add ☑ Remove
<u>D</u>	Tanya Gullik	MIAMI BEACH, FL 33140  1365 DAYTONIA ROAD  MIAMI BEACH, FL 33141	
<u>D</u>	Jeannette Stark	720 NE 69TH STREET Apt 17W MIAMI, FL 33138	
(attach	nding or adding additional Articles, additional sheets, if necessary). (Be	specific)	1
	BEING ADDED AS A DIRECTO		
IO ALOC	DEING ADDED AS A DINEST	<u> </u>	
			_
		<del> </del>	<del></del>
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption: DECEMBER 7, 2009
` ,	(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 was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were stors.
Dated_DECE	MBER 7, 2009
	nechairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator - if in the hands of a receiver, trustee, or
other	court appointed fiduciary by that fiduciary)
	EMANUELE VISCUSO
	(Typed or printed name of person signing)
	PRESIDENT & DIRECTOR
	(Title of person signing)

Page 3 of 3