



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Urbino, Inc.

**DOCUMENT NUMBER:** N 10000005918

The enclosed *Articles of Amendment* and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

John Pitkethly  
(Name of Contact Person)

Urbino, Inc.  
(Firm/ Company)

4258 Cloverleaf Place  
(Address)

Casselberry, FL 32707  
(City/ State and Zip Code)

urbinoinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Pitkethly at ( 407 ) 625-7102  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2011

JOHN PITKETHLY  
URBINO, INC.  
4258 CLOVERLEAF PLACE  
CASSELBERRY, FL 32707

SUBJECT: URBINO, INC.  
Ref. Number: N10000005918

We have received your document for URBINO, 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 must show the name of the corporation you are amending on page 1 of the application. You also need to note bylaws are not filed in our office. The information you have attached to your application looks like something that might be in bylaws, not the articles of incorporation. You have the title of one of the persons you are adding as COB, what is that? If it is suppose to be Chairman, simply use C.

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: 611A00017153

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 28 AM 8:04

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

Urbino, Inc. ?

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

N 10000005918

(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:

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

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**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)

**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*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 28 AM 11:04

FILED

**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>
VP	Jean Aklridge	907 Oak Dr. Altamonte Springs, FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
COB? W	Karen Homan	782A Bridgestone Dr. Orlando, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TRE SWP W	Juan Vigil	5551 Brookline Dr. Orlando, 32819	<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)*

~~Please replace Article V with the attached Article V revision. W~~

~~Please add Article XI with the attached Article XI document. W~~

The date of each amendment(s) adoption: 7/13/2011  
(date of adoption is required)

Effective date if applicable: 7/14/2011  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7/2/2011

Signature [Handwritten Signature]  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

John K. Pitkethly  
(Typed or printed name of person signing)

President  
(Title of person signing)