# PDZ000015221

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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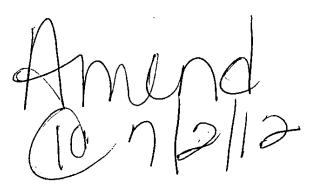




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TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: IL BELLAGIO, INC.
DOCUMENT NUMBER: P02000075221
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RONALD A. DEL SIGNORE
Name of Contact Person
IL BELLAGIO, INC.
Firm/ Company
600 SOUTH ROSEMARY STREET, #170
Address
WEST PALM BEACH, FL 33401
City/ State and Zip Code
ilbellagio@yahoo.com
E-mail address: (to be used for future annual report notification)
$\cdot$
For further information concerning this matter, please call:
RONALD A. DEL SIGNORE at ( 561 ) 659-6160
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 Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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



### IL BELLAGIO, INC.

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

lment(s) to

P0200007522	21		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida F</i>	Profit Corporation adop	ts the following amendme
A. If amending name, enter the new name of the	corporation:		
			Thenew
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co". A	npany," or "incorpora professional corporatio	led" or the abbreviation on name must contain the
B. Enter new principal office address, if applical	<u></u>		
(Principal office address MUST BE A STREET A)			
	-		<del></del>
C. Enter new mailing address, if applicable:	••		• •
(Mailing address MAY BE A POST OFFICE E	<u></u>		<del></del>
D. If amending the registered agent and/or regis		orida, enter the name	of the
new registered agent and/or the new registere	ed office address:		
Name of New Registered Agent	_		•
	(Florida street addres	s)	
New Registered Office Address:		, Florida	
New Registered Office Hauress.	(City)	, i londu	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		accent the obligations of	of the position
Thoreby decept the appointment to registered agent	am jamasur min unu t	accept the congunons o	, and position
C:	New Registered Agent, if c	hanaina	
signature of	wew Registerea Agent, ij c	nunging	

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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>se Jones</u>	
_X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	D	RONALD A. DEL SIGNORE	600 SOUTH ROSEMARY STREET SUITE 170 WEST PALM BEACH, FL 33401
2) Change Add Remove	D	THOMAS BILLANTE	600 SOUTH ROSEMARY STREET SUITE 170 WEST PALM BEACH, FL 33401
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		· 	
6) Change Add Remove			

tach additional s	ding additional Art sheets, if necessary).	(Be specific)			
TET BEING HER SHEET	****				. <del></del>
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rovisions for im	provides for an exclude plementing the amount of the amoun	hange, reclassifi endment if not c	cation, or cance ontained in the	ellation of issued s amendment itself	hares. :
				<del></del> ,	

The date of each amendment(s) adoption	n:U0/25/2U12
Effective date <u>if applicable</u> :	06/25/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 06/25/20	)12
Simony	
selected, by	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
R	ONALD A. DEL SIGNORE
	(Typed or printed name of person signing)
D	IRECTOR
•	(Title of person signing)