

Florida Department of State Division of Corporations Electronic Filing Cover Shoet

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Account Name Account Mumber : GEOFFRET M. WAYNE, P.A. : 076770003401 : (305)381-8108 : (305)381-8109

Phone Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Breat1 Address: gn@abogadomiami.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN **TTALCIBUS CORPORATION**

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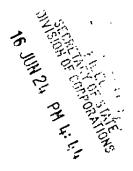
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NextPointe-FAX

850-617-6381

8/21/2018 7:53:53 AM PAGE 1/001 Fax Server



June 21, 2016



ITALCIBUS CORPORATION 2555 COLLINS AVENUE SUITE 2008 MIAMI BEACH, FL 33140

SUBJECT: ITALCIBUS CORPORATION

REF: P05000047588

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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) 245-6051.

Shelia E Young Regulatory Specialist II FAX Aud. #: H16000149740 Letter Number: 916A00012945

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION:ITALCIBUS COF	RPORATION						
DOCUMENT NUM	P05000047588							
•	OCUMENT NUMBER: P05000047588							
Inc enclosed Afficies	The enclosed Articles of Amendment and fee are submitted for filling.							
Please return all corres	Please return all correspondence concerning this matter to the following:							
	Alexis Koratich							
		Name of Contact Person						
	Geoffrey M. Wayne, P.A.	10.0						
		Firm/ Company						
	135 San Lorenzo Ave., PH 8	· · · · · · · · · · · · · · · · · · ·	<u>-</u> -					
	Coral Gables, FL 33146	Address						
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·					
	shamdamlaml asm							
Russ	abogadomiami.com E-mail address: (to be us	sed for future annual report	notification)					
			•					
For further information concerning this matter, please call:								
Alexis Koratich		at (381-8108					
Name	of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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		Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xeoutive Center Circle ussee, FL 32301					

SUNCE ON A LIVE

Articles of Amendment to Articles of Incorporation

· · ·	NextPointe-FAX	(06/09) 06/2	84/2016 02:44:25 PM 6 //	
		Articles of Amendment		000
	A	to rticles of Incorporation	<i>"</i> * ₅ .	V
TALCIBUS	CORPORATION	of	· F S	•
	·	n as currently filed with the F	lorida Dept. of State)	_
	***	•=	· · · · · · · · · · · · · · · · · · ·	_
		ent Number of Corporation (if k	•	
	e provisions of section 607.1006, Florida Incorporation:	Statutes, this Florida Profit Con	rporation adopts the following amendment(s)	to
. <u>If amendir</u>	ng name, enter the new name of the cor	poration:		
			The new	
Corp.," "Inc	t distinguishable and contain the word .," or Co.," or the designation "Corp,' ed," "professional association," or the a	"Inc," or "Co". A profession	or "incorporated" or the abbreviation and corporation name must contain the	
. Enter new	principal office address. If applicable:			
Principal offi	ice address <u>MUST BE A STREET ADD</u>	(ESS)		
				
	y mailing address, if applicable:	n		
(भ्यवभस्तप्र व	uddress <u>MAY BE A POST OFFICE BOX</u>	<u></u> -		
new regist	ng the registered agent and/or registered ered agent and/or the new registered o	ffice address:	iter the hame of the	
Name	of New Registered Agent			
		(Florida street address)		
New I	Registered Office Address:	(City)	, Florida	
	ed Agent's Signature, if changing Regi			
hereby accep	t the appointment as registered agent, l	am familiar with and accept th	e obligations of the position.	
	Sionen	ture of New Registered Agent, i		
	Digna Digna	ow o right to a transmission on Wighter (/ wmmm6/76	

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 Ren	nove	<u>v</u>	Mike Jones		
	_X Ad	d	<u>sv</u>	Sally Smith		
Type of Action (Check One)		Title	Name	Addr es s		
		_ Change	VP	GRAZIELLA MARANDI-DOINO	2555 COLLINS AVENUE	
		_Add			APT 2008	
	<u>x</u>	_Remove			MIAMI BEACH, FL 33140	
	2)	_ Change	VP	MARCO MAZZONI	1940 EAST EDGEWOOD DRIVE	
	X	_ Add			LAKELAND, FL 33803	
0		_Remove				
	3)	Change				
		_Add				
		_ Remove		,		
	4)	_ Change				
		_ Add				
		_ Remove				
	5)	Change				
		Add				
		_ Remove				
	•					
•	<i>6</i>)	_Change				
		_ Add				
-		_ Remove				

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provisions	lment provides fo for implementing applicable, indicat	the amendment	eclassification, or if not contained	r cancellation o in the amendm	f issued share ent itself:	3 3
					<u></u>	
v						
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	The date of each amendment(s) adoption:, if other than	n the
	date this document was signed.	
	Effective date if applicable: (no more than 90 days after amendment file date)	
ì	(no more than 90 days after amendment file date)	
,	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	s the
	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 aniendment(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 6-6-2016 Signature Vapo Dobus	
	(By a director, president of 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)	
	PAOLO DOINO	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	