

P05000093408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

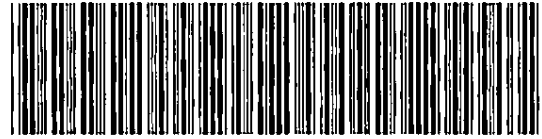
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STATE OF CONNECTICUT
DEPARTMENT OF REVENUE

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OCT 18 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAPRI USA INC

DOCUMENT NUMBER: P05000093408

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONIQUE TRONCONE

Name of Contact Person

MONIQUE TRONCONE CPA PA

Firm/ Company

55 NE 5TH AVENUE SUITE 501

Address

BOCA RATON FL 33432

City/ State and Zip Code

MONIQUE@TRONCONE-CPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE TRONCONE

at (561) 417 0308

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

18 OCT 15 AM 10:51
STATE OF FLORIDA
DIVISION OF CORPORATIONS



Rd 09-20-18.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 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):

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

RECEIVED
18 SEP 27 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Diane Cushing
Senior Section Administrator

Letter Number: 918A00020679

RECEIVED

2018 OCT 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of
CAPRI USA INC

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

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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 _____

(Florida street address)

New Registered Office 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

19 OCT 15 AM 10:51
STATE OF FLORIDA
SECRETARY OF STATE

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>RAFAEL E CAPRILES</u>	<u>2554 COCO PLUM BLVD</u> <u>APT 601</u> <u>BOCA RATON FL 33496</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>ALICIA ELENA CAPRILES</u>	<u>55 NE 5TH AVENUE</u> <u>SUITE 501</u> <u>BOCA RATON FL 33432</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ANDREINA ISABEL CAPRILES</u>	<u>55 NE 5TH AVENUE</u> <u>SUITE 501</u> <u>BOCA RATON FL 33432</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CAROLINA CAPRILES</u>	<u>55 NE 5TH AVENUE</u> <u>SUITE 501</u> <u>BOCA RATON FL 33432</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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. Rafael E Capriles, President

2. Alicia Elena Capriles, Vice-President

3. Andreamina Isabel Capriles, Director

4. Carolina Capriles, Director

ARTICLE VII

CAPITAL CONTRIBUTIONS

The corporation reserves the right to amend, alter, change or repeal any provision in these 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

INITIAL 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 conducted 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 Bylaws of the Corporation
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)

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific).

as may be provided for by the Bylaws of this Corporation, who shall be chosen, .serve for such term and have such duties as
_____ may be prescribed by such bylaws.

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)

The date of each amendment(s) adoption: _____, 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 amendment(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):

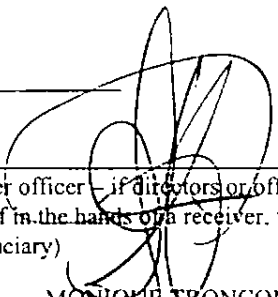
"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

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 SEPTIEMBRE 21, 2018

Signature _____
(By a director, president or 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)



MONIQUE TRONCONE

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)