Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000043525 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MF CORPORATE SERVICES INTL

Account Number : I20110000034 Phone : (305)856-6121 Fax Number : (305)856-6122

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

Brail Address: OSantini @ hellsouth net

COR AMND/RESTATE/CORRECT OR O/D RESIGN ABRIL BELLAGIO CORPORATION

FEB 26 2014 R. WHITE

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February 25, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ABRIL BELLAGIO CORPORATION 100 N FEDERAL HWY 1025 FORT LAUDERDALE, FL 33301US

SUBJECT: ABRIL BELLAGIO CORPORATION

REF: P10000035813

We have received your document for ABRIL BELLAGIO CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Rebekah White Regulatory Specialist II FAX Aud. #: H14000043525 Letter Number: 114A00004151

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2 FOR STANDA

P.O BOX 6327 - Tallahassee, Florida 32314

TO: Amendment Section

COVER LETTER

Division of Corpor	rations		
	ABRIL BEL		PRATION
DOCUMENT NUMB	ER: P1000003581	3	
	f Amendment and fee are su		
·	•	•	
Picase return all corres	condence concerning this ma	mer to the following:	
_	Olga Santini		
	MF CORPORAT	Name of Contact Perso E SERVICES IN	•
-	4544 DDIOVELL	Firm/ Company	
-	1541 BRICKELL		
1	MIAMI, FLORIDA	Address A 33129	
-	ivii, i corrier	City/ State and Zip Cod	
08	ANTINI@MOSSF		
<u> </u>	_	sed for future annual report	notification)
	•	•	·
For further information	concerning this matter, pleas	se call:	
Olga Santini		_{at (} 305	<u>856-6121</u>
Name o	f Contact Person	Area Co	de & 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	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amei Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

FILED

14 FEB 25 AM 10: 26

SERREJANY OF STATE TALKAHASSES, ELORIDA

Articles of Amendment to Articles of Incorporation

ABRIL BELLAGIO COR	PORATION		
· · · · · · · · · · · · · · · · · · ·	currently filed with the Fla	orida Dent, of State)	
P10000035813			
(Document	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	; amendment(s) to
A. Hamending name, enter the new m	ema of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	adon "Corp," "Inc," or "C	," "company," or "incorporated" or the ab io". A professional corporation name must o A."	breviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
	_		
C. Enter new mailing address. If appli (Mailing address MAY BE A POST)			
D. If amending the registered agent as	d/or registered office addre	sa in Florida, enter the name of the	
new registered agent and/or the ner	v registered office address:		
Name of New Registered Agent	Damian Elissalt		
	19493 40 AVE		
	(Florida stree	t address)	
New Registered Office Address.	Sunny Isles	, Florida 33160	
	(City)	. (Zip Code)	
		n	
New Repistered Agent's Signature, if e	hanging Registered Agent:	/	
	ereu ageni. I am familiar yn	th and accept the obligations of the position.	
<u>X</u>	engines of New Hegistered As	and if the mains	

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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Carlos Moltini	1541 BRICKELL AVENUE
Add			#509
X Remove		·	Hollywood, FL 33020
2) Change	Р	Carlos Moltini	19493 40 AVE
X Add	······································		Sunny Isles, FL 33160
Remove	•		
3) Change	<u>VP</u>	Sergio Borrelli	1900 VAN BUREN ST
Add			#509
X Remove			Hollywood, FL 33020
4) Change	VP	Augusto Aiello	19493 40 AVE
X_Add			Sunny Isles, FL 33160
Remove			
5) Change		***	
Add			
Remove			-
6) Change			
Add			
Remove			

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ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
an amendment provides for an exch	uange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
if not applicable, indicate N/A)	AND LOW TO THE COMMENT OF THE AMERICAN IN THE	
if not applicable, indicate N/A)	AND CONTROL CONTROL OF THE AMERICAN ISSUE.	
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provisions for implementing the amer (if not applicable, indicate N/A)	AND CONTROL CONTROL OF THE AMERICAN IN SERI.	

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The date of each amendment(s) ad late this document was signed.	option:	if other than th
Effective date if applicable:	<u></u>	
	(no more than 90 days ufter amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	v
The amendment(s) was/were add by the shareholders was/were su	pied by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	•
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	121/14	
Signature/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Selecte	irector, president or other officer — if directors or officers have not been if by an incorporator — if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	
	Carlos Moltini	
	(Typed or printed name of person signing)	
	PRESIDENT	
	م مستور به منظم معلم من من من من من منظم من من منظم من من منظم من من منظم من منظم من منظم من منظم من منظم من م المنظم منظم منظم منظم منظم منظم منظم منظم	