Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PER TUTTI AUTENTICA CUCINA ITALIANA INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Per Tutti Autentica Cuci	na Italiana Inc.	
DOCUMENT NUMBER: P10000046		
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Chrissi Jackson		
Name of Contact Person		
Licenses Etc., Inc.		
Firm/Company	·· ·	
15275 Collier Blvd. #201-300		
Address		
Naples, FL 34119		
City/State and Zip Code	· 	
etc@licensesetc.com		
E-mail address: (to be used for firme annual rep-	ort notification)	
For further information concerning this mat	ter, please call:	
Chrissi Jackson	at (239) 777-1028	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amoun	nt:	
✓ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
_	_	
☐ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section	Street Address:	
Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
Tallahassee, FL 32301		

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ARTICLES OF CORRECTION

for

ior	اري:
	至
Per Tutti Autentica Cucina Italiana Inc. Name of Corporation as currently filed with the Florida Dept. of State.	
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P10000046740	ي ت
Document Number (if known)	OR)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document	s, this corporation files being corrected.
These articles of correction correct Articles of Incorporation	
(Document Type Being Correct	2d)
filed with the Department of State on June 2, 2010 (File Date of Document)	_ '
Specify the inaccuracy, incorrect statement, or defect:	
The name is incorrect.	
•	
•	
	A
Correct the inaccuracy, incorrect statement, or defect:	
Trattoria Per Tutti Autentica Cucina Italiana Inc.	
Transfer of Factor Recorded Control State Control of Co	
	· · · · · · · · · · · · · · · · · · ·
·	
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, other court appointed fiduciary, by that fiduciary.)	 п
Gino Campobasso	VP
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00