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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: LICENSES ETC INC Account Name

Account Number : I20070000159 Phone

Fax Number

: (239)777-1028 : (877)275-3593

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

Email Address:

| COK WILLDIMEDIATE COMMENT OF CID RESIG | COR AMND/RESTATE/CORRECT OR O/D RE | SIG |
|--|------------------------------------|-----|
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<u>TRATTORIA PER TUTTI AUTENTICA CUCINA ITALIANA INC</u>

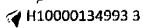
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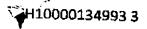
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| SUBJECT: Trattoria Per Tutti Autentica Cucina Italiana Inc.        |  |  |  |  |
|--|--|--|--|--|
| DOCUMENT NUMBER: P10000046740                                      |  |  |  |  |
| The enclosed Articles of Correction and fe                         | e are submitted for filing.                                |  |  |  |
| Please return all correspondence concernin                         | g this matter to the following:                            |  |  |  |
| Chrissi Jackson  |  |  |  |  |
| Manie of Contact Felsoly   |  |  |  |  |
| Licenses Etc., Inc.  | _  |  |  |  |
| Firm/Company   |  |  |  |  |
| 15275 Collier Blvd, #201-300                                       |  |  |  |  |
| Address  | ·  |  |  |  |
| Nonlog El 34440  | •  |  |  |  |
| Naples, FL 34119  City/State and Zip Code                          |  |  |  |  |
| etc@licensesetc.com  |  |  |  |  |
| E-mail address: (10 be used for future annual report notification) |  |  |  |  |
| For further information concerning this matter, please call:       |  |  |  |  |
| Chrissi Jackson  | at ( 239 ) 777-1028  Area Code & Daytime Telephone Number  |  |  |  |
| Name of Contact Ferson   | Area Code & Daytime Leisphone Pulmber                      |  |  |  |
| Enclosed is a check for the following amount:                      |  |  |  |  |
|  | ☐ \$43.75 Filing Fee & Certificate of Status               |  |  |  |
| \$43.75 Filing Fee & Certified Copy                                | \$52.50 Filing Fee, Certificate of Status & Certified Copy |  |  |  |
| Mailing Address:   | Street Address:  |  |  |  |
| Amendment Section  | Amendment Section  |  |  |  |
| Division of Corporations   | Division of Corporations                                   |  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314                             | Clifton Building 2661 Executive Center Circle              |  |  |  |
|  | Tallahassee, FL 32301                                      |  |  |  |



## ARTICLES OF CORRECTION

for

| Trattoria Per Tutti Autentica Cucina Italiana I  | nc                      |
|--|-------------------------|
| Name of Corporation as currently filed with the Florida Dept, of State   |                         |
| P10000046740   |                         |
| Document Number (if known)   | 7                       |
| 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 between the contraction of th | his corporation files   |
| These articles of correction correct Articles of Incorporation (Document Type Being Corrected)   |                         |
| filed with the Department of State on June 2, 2010  (File Date of Document)  |                         |
| Specify the inaccuracy, incorrect statement, or defect:  |                         |
| Gino Campobasso's legal name is actually Luigi Campobasso. He Ju   | ust goes by Gino.       |
|  |                         |
|  |                         |
|  |                         |
|  |                         |
|  |                         |
| · · · · · · · · · · · · · · · · · · ·  |                         |
| Company the first control of the con | ·                       |
| Correct the inaccuracy, incorrect statement, or defect:  |                         |
| Please change the VP from Gino Campobasso to Luigi Campobasso  | ).                      |
|  |                         |
| Thank you.   | _ <del></del>           |
|  |                         |
|  |                         |
|  |                         |
| Q. (961)   |                         |
| (Signature of a director, president or other officer - if directors or officers have not occur selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  | _                       |
| Luigi (Gino) Campobasso  | VP                      |
| (Typed or nginted home of person signing)  | Title of deman signing) |