

MAY 6 2013 9:17AM
Division of Corporations

CAPITAL CONNECTION

10.4002

Page 1 of 1

P13000029589

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000100865 3)))



H130001008653ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY - 6 PM 2:29

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NAPLES ITALIAN RESTURANT INC**

Certificate of Status	1
Certified Copy	0
Page Count	05
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NAPLES ITALIAN RESTURANT INC

DOCUMENT NUMBER: P13000029589

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

Please return all correspondence concerning this matter to the following:

SABA M. MARKECI

Name of Contact Person

NAPLES ITALIAN RESTURANT

Firm/ Company

43 ALAFAYA WOODS BLVD

Address

OVIEDO, FL 32764

City/ State and Zip Code

Markeci@att.net

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

For further information concerning this matter, please call:

DAVID CROWDER

Name of Contact Person

at (407) 831-1407X111

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

MAY. 6. 2013 11:17AM

CAPITAL CONNECTION

NO. 4002 P. 2



May 6, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NAPLES ITALIAN RESTURANT INC
43 ALAFAYA WOODS BLVD
OVIEDO, FL 32765US

SUBJECT: NAPLES ITALIAN RESTURANT INC
REF: P13000029589

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H13000100865
Letter Number: 413A00010948

RECEIVED

13 MAY -6 AM 8:42

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY -6 PM 2:29

Articles of Amendment
to
Articles of Incorporation
of

NAPLES ITALIAN RESTURANT INC

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

P13000029589

(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:

NAPLES ITALIAN RESTAURANT INC

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:

(City)

, Florida

(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

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

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	MARKECI, SABA M.	203 EASTON CIRCLE
<input type="checkbox"/> Add			OVIEDO, FL 32765
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

CAPITAL CONNECTION

NO. 4002 P. 6

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

MAY. 6. 2013 11:17AM

CAPITAL CONNECTION

NO. 4002 P. 7

05/02/13 19:00
MAY 02 19:00 FAX

Marie FAX
MAY 02 19:00

4079716761

LA NEW ASSOCIATES

P.03

0001/0001

The date of each amendment(s) adoption: 05/01/2013

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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 statements 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 5/2/13

Signature of Marie

(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)

SABA M. MARKECI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)