

P13000068256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC 20 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amd

DEC 20 2013

DEC 20 2013

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2013

RITA TAGLIASACCHI

5047 TAMiami TRAIL E
NAPLES, FL 34113

SUBJECT: ELB OF SW FL INC
Ref. Number: P13000068256

We have received your document for ELB OF SW FL 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):

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

Letter Number: 213A00027212



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2013

RITA TAGLIASACCHI

5047 TAMIAMI TRAIL E
NAPLES, FL 34113

SUBJECT: ELB OF SW FL INC
Ref. Number: P13000068256

We have received your document for ELB OF SW FL 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):

The document is incomplete. Please submit the missing pages (1-4) of the amendment document. A cover letter is insufficient for amending articles of incorporation.

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

Letter Number: 013A00025489

RECEIVED
13 NOV 21 AM 8:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ELB OF SW FL INC

DOCUMENT NUMBER: P130000 68256

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/ Company

Address

City/ State and Zip Code

THENAPLES@ENGLISH.PUB @ GMAIL.COM

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

For further information concerning this matter, please call:

RITA TAGLIASACCHI at (239) 784 6838
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

ELB OF SW FL INC.

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

P13000068256

(Document Number of Corporation (if known))

FILED
13 DEC 20 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BITA TAGLIASACCHI

136 BALTUSROL DRIVE

(Florida street address)

New Registered Office Address:

NAPLES

(City)

, Florida 34113

(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.

Rita Tagliasacchi
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) ☐ Change

P

EMMA BLANCO

5047 TAMiami TRAIL E.

☐ Add

NAPLES FL 34113

☒ Remove

2) ☐ Change

P

RITA TAGLIASACCHI

136 BALDUSROL DR

☒ Add

NAPLES, FL 34113

☐ Remove

3) ☐ Change

VP

FABIO TAGLIASACCHI

136 BALDUSROL DR

☒ Add

NAPLES, FL 34113

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 12-13-13, if other than the date this document was signed.

Effective date if applicable: 12-13-13
(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 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 12-13-13

Signature

Rita Tagliasacchi

(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)

RITA TAGLIASACCHI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)