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(Requi	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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March 18, 2020

GREGORY HART CAPODIMONTE 3428 ELRLICH RD TAMPA, FL 33618

SUBJECT: CAPODIMONTE, INC. Ref. Number: P14000086778

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES.

PLEASE USE THIS FORM ONLY.

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.

Letter Number: 520A00005956

Susan Tallent Regulatory Specialist II

www.sunbiz.org

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2020 HTT 10 7" 2:02

March 9, 2020

GREGORY HART 3428 EHRLICH RD TAMPA, FL 33618

SUBJECT: CAPODIMONTE, INC. Ref. Number: P14000086778

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES.

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.

Letter Number: 520A00005118

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CA PO PIMONTE, INC. P14000 086778 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OREGORY 14ART
Name of Contact Person CAPO DE MONTE Firm/ Company EHREICH RD
Address TAMPA, FL 33618
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P 4 40000 86778		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", . "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		2020
		2020 HAR
C. Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		ون عد
		:
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		_
		- .
(Florida str	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zip)	Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
Signature of New R	Registered Agent, if changing	_
•	5 7 · · · · · · · · · · · · · · · · · ·	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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; CE() = Chief Executive Officer; CF() = 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 PT().

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: X Change	<u>PT</u> John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	UL	GREGORY	WENDY	98-22 MYRTLE CREEK
Add Remove 2)Change	VP	KARIN	HARL	APT 204 RIVERVIEW, FL 33578 3428 EHRLICH RD
Add Remove Change Add				TAMPA, FL 336/8
Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
GREG WENDY SHALL BE REMOVED FROM MAY AM	J D
ALL CAPACITY WITH CAPODIMONTE AND CAPODIMONT	TE_
STEAK HOUSE.	
GREG MENDT HAS NEVER OWNED AT THIS COR	REJ
DATE OF 03/23/2020 ANY DWNERSHIP OF STOCK	
OR OTHERWISE IN CAPODIMONTE, INC DR CAPODIMO	NIE
STE AKHOUSE.	
•	
	
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)	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by /oc /o (voting group)	
(voting group)	
Signature (By a director, president or attheory officer – if directors or officers have not been selected, by an inforporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	

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