P150000000048

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OMERTA CUCIN	IA & BAR INC	
DOCUMENT NUM	BER: P15000020648		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TULIO CARILES		
		Name of Contact Person	1
	OMERTA CUCINA & BAR	INC	
		Firm/ Company	
	4285 NW 107 AVE		
		Address	
	DORAL, FL 33178		
		City/ State and Zip Cod	e
tulio	capriles@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Tulio Capriles		at (_) 202-9747
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OMERTA CUCINA & BAR INC

OMERTA CUCINA & BAR INC				
(Name o	of Corporation as currently	filed with the Florida Dept. of State	Ð	
113000020048	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the	following amend:	ment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and cond "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation nam	or the abbreviati	
B. Enter new principal office address, (Principal office address MUST BE A S				_
C. Enter new mailing address, if applia				
D. If amending the registered agent an				NE PER
new registered agent and/or the nev	v registered office address:		0	327
Name of New Registered Agent	ALDO SAPIENZA			190 190
	4285 NW 107 AVE		# .	
	(Florida stre	et address)		3
New Registered Office Address:	DORAL	, Florida	33178	
	(City)	(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am/familiar w	ith and accept the obligations of the parties of th	osition.	

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: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	P		GIANFRANCO NAPOLITANO	4285 NW 107 AVE	
Add				DORAL, FL 33178	
XX Remove					
2) XX Change	P/D	_	TULIO CAPRILES	4285 NW 107 AVE	
Add				DORAL, FL 33178	
Remove					
3) Change	<u> </u>				
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		<u> </u>			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	
Article IV is amended and the number of sha	ares authorized to be issued is	1,000 shares
· · · · · · · · · · · · · · · · · · ·		
		
F. If an amendment provides for an excha	ınge, reclassification, or can	cellation of issued shares.
provisions for implementing the amen	dment if not contained in th	e amendment itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable</u> : (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, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 sharehaction was not required.	ıolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	T
Dated	
Signature	
(By a director, president or other office)—if directors or officers have not be selected, by an incorporator—if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	een court
TULIO CAPRILES	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	