## P15000020648

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15 AUG 31 AH 9: 2

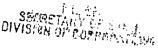
SEP 3 2015

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OMERTA CUCIN	A & BAR INC				
DOCUMENT NUMB	ER: P15000020648		<del></del>			
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	TULIO CAPRILES					
•	·	Name of Contact Person	n			
	OMERTA CUCINA & BAR INC					
-		· · · · · · · · · · · · · · · · · · ·				
	Firm/ Company 4285 NW 107 AVE					
-		Address				
	DORAL, FL 33178					
-		City/ State and Zip Cod	e			
tulioc	apriles@gmail.com					
		sed for future annual report	notification)			
	D-man address, (to be us	sea for facare annual report	notification)			
For further information	concerning this matter, pleas	se call:				
TULIO CAPRILES		at (	409-5965			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	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)			
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



OMERTA CUCINA & BAR INC

15 AUG 31 AM 9: 21

(Name of Corporation	on as currently filed with the Florida Dept. of State)
215000020648	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
a. If amending name, enter the new name of the co	orporation:
	The new corporation, "company," or "incorporated" or the abbreviation, "lnc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered  Name of New Registered Agent	red office address in Florida, enter the name of the office address:
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	(City) (Zip Code)
Sion	nature 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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	D	ALDO SAPIENZA	4285 NW 107 AVE	
Add			DORAL, FL 33178	
XX Remove				
2) Change	D	MIGUEL MENDOZA	4285 NW 107 AVE	
Add			DORAL, FL 33178	
XX Remove			<b>.</b>	
3) Change	D	DESSIDERIA D CARO	4285 NW 107 AVE	
XX Add			DORAL, FL 33178	
Remove			<del></del>	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	<del></del>	if other than the
date this document was signed.	SETRETAR DIVISION OF P	r of that orposalisa
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	15 AUG 3 I	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	this date will no	t 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 amer by the shareholders was/were sufficient for approval.	dment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by"  (voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	areholder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	older	
action was not required.		
August 22, 2015		
id M		
Signature		
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or other		
appointed fiduciary by that fiduciary)	ner court	
TULIO CAPRILES		
(Typed or printed name of person signing)		
DIRECTOR		
(Title of person signing)		