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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

Phone : (305)397-8553

Fax Number : (305)397-8521

\*\*Enter the email address for this business entity to be used for future [77] annual report mailings. Enter only one email address please. \*\*

Email Address: mauriusa capo @gmail.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CAPO GROUP USA CORP

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TO: Amendment Section

# H20000236568₁₃

### **COVER LETTER**

| Division of Cor          | porations                                  |   |   |
|--------------------------|--|---|---|
| NAME OF CORPOR           | RATION: CAPO GROUP USA                     | CORP  |   |
| DOCUMENT NUMB            | ER: P19000049917                           |   |   |
| The enclosed Article     | les of Amendment and fee are               | submitted for filing.   |   |
| Please return all cor    | respondence concerning this ma             | atter to the following:   |   |
|                          | MAURIZIO CAPO                              |   |   |
|                          |  | Name of Contact Person  | •   |
|                          | CAPO GROUP USA CORP                        |   |   |
|                          |  | Firm/ Company   |   |
|                          | 1881 WASHINGTON AVE, Se                    | ulte 8B   | ·   |
|                          | i  | Address   | . —— <del>-</del>   |
|                          | MIAMI BEACH, FL 33139                      | ·   |   |
|                          |  | City/ State and Zip Code  |   |
|                          |  | acapo@amail.com   | <b></b>   |
|                          |  | used for future annual report no                                  |   |
|                          |  | •   | •   |
| For further information  | on concerning this matter, pleas           | e call;   |   |
| MAURIZIO CAPO            | :  | at 305-587- <u>980</u> 3  | 1   |
|                          | Name of Contact Person                     |   | de & Daytime Telephone Number   |
| Enclosed is a check      | for the following amount made p            | payable to the Florida Departme                                   | ent of State:   |
| X \$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) |
| Ь                        | failing Address                            | Street  | Address   |
| Amendment Section        |  | Amend   | ment Section  |
| Division of Corporations |  |   | of Corporations   |
|                          | 0. Box 6327                                |   | ntre of Tallahessee   |
| T                        | 4846666AA EL 33318                         | 2416 NI   | MODIOS SITORE SHITE MILL  |

Tallahassee, FL 32303

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

ATX1

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### Articles of Amendment to Articles of Incorporation of

| CAPO GROUP USA CORP  | . <u> </u>  |                   |
|--|---|-------------------|
| (Name of Corporat  | Ion as currently filed with the Florida Dept. of State)   |                   |
| P19000049917   | •   |                   |
| . (Doct  | ment Number of Corporation (If known))  |                   |
| Pursuant to the provisions of section 607,1008, Flor to its Articles of Incorporation:         | rida Statutes, this Fiorida Profit Corporation adopts the folio   | w/ng amendment(s) |
| A. If amending name, enter the new name of the   | corporation:  |                   |
|  |   | The new           |
|  | l "corporation," "company," or "incorporated" or the abbreviation<br>Co". A professional corporation name must contain the word<br>viation "P.A." | n "Corp.,"        |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A |   |                   |
|  | · · · · · · · · · · · · · · · · · · ·   | <del></del>       |
|  |   | <u> </u>          |
|  |   |                   |
| C. Enter new mailing address, if applicable;   |   | <u> </u>          |
| (Mailing address MAY BE A POST OFFICE B  | OX)   | 21 P              |
|  | <del></del>   | in 🗲 in           |
|  | · · · · · · · · · · · · · · · · · · ·   |                   |
| D. If amending the registered agent and/or registered agent and/or the new registered          | tered office address in Florida, enter the name of the  | )<br>1475<br>1475 |
| Name of Naw Registered Agent   |   |                   |
| Name of Italy Daystered Agent.   |   |                   |
| <del></del>  | (Clarida atrast address)  |                   |
|  | (Florida street address)  |                   |
| New Registered Office Address:   | , Florida   | (Zin Code)        |
|  | (City)  | (Zip Code)        |
|  |   |                   |
| New Registered Agent's Signature, if changing Re   | egistered Agent:<br>. I am familiar with and accept the obligations of the position.  |                   |
|  | ,   |                   |
|  |   |                   |
|  |   |                   |
| Signatun   | e of New Registered Agent, if changing  |                   |
| Check If applicable  |   | •                 |

### CAPO GROUP USA CORP

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ATX

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= Treesurer; 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, Treesurer, 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                      | PT                | John Doe                              | s <b>2</b> 0                |
| X Remove                      | ¥                 | Mike Jones                            | <b>)20 J</b><br>〒AE         |
| X Add                         | SY                | Sally Smith                           | SECRETA<br>SECRETA          |
| Type of Action<br>(Check One) | <u>Title</u><br>: | Name :                                | Address ASSET               |
| 1) Change                     | SEC               | LUCIANO CAPO                          | 1881 WASHINGTON AVEAPTERS O |
| X Add                         |                   |                                       | MIAMI BEACH, FL 33139       |
| Remove                        |                   |                                       | ·                           |
| 2) Change                     | <u>VP</u>         | MARCELLO CAPO                         | 1881 WASHINGTON AVE APT 8B  |
| Add                           |                   |                                       | MIAMI BEACH, FL 33139       |
| X Remove                      | •                 |                                       |                             |
| 3) Change                     |                   | <u> </u>                              | ·                           |
| Add                           |                   |                                       |                             |
| Remove                        |                   |                                       |                             |
| 4) Change                     |                   |                                       |                             |
| Add                           |                   |                                       |                             |
| Remove                        | •                 |                                       |                             |
| 5) Change                     |                   |                                       |                             |
| Add                           |                   |                                       |                             |
| Remove                        | •                 |                                       |                             |
| 6) Change                     |                   | · · · · · · · · · · · · · · · · · · · | ·                           |
| Add                           | ,                 |                                       |                             |
| Remove -                      |                   |                                       |                             |

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| CAPO GROUP USA CORP  | MZ0000Z30300 3 XIX1                    |
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| <u>if amending or adding additional Articles, enter change(s) here:</u>  |  |
| (Attach additional sheets, if necessary). (Be specific)  |  |
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| ran amengment provides for an exchange, reclassification, or cancellation of iss   | Itself:                                |
| provisions for implementing the amendment if not contained in the amendment  |  |
| (if not applicable, indicate N/A)  |  |
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(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)

MAURIZIO CAPO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)