

P 99000040468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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04/01/09--01037--014 **35.00

FILED
09 MAY 11 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Amendment
05-11-09
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2009

EDVIGE ROSSI
BAY BREEZE CAFE
5426 BAY CENTER DRIVE
TAMPA, FL 33609

SUBJECT: ITALIAN PAVILION, ICP, INC.
Ref. Number: P99000040468

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):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE LAST PAGE OF THE DOCUMENT IS MISSING. PLEASE COMPLETE THE ATTACHED PAGE AND RETURN FOR FILING.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 809A00011551

You will find page 3 now enclosed.

Thank you!

e-mail - Rossi tampa 1 @verizon.net
813-282-8100

00:08 AM 11 MAY 2009

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Italian Pavilion ICP Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Edvige Rossi
(Name of Contact Person)

Bay Breeze Cafe
(Firm/ Company)

5426 Bay Center Dr.
(Address)

Tampa, FL 33609
(City/ State and Zip Code)

For further information concerning this matter, please call:

Anthony Rossi at (813) 282-8100
(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:

☒ \$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

Italian Pavilion, Inc.

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

(Document Number of Corporation (if known))

FILED
09 MAY 11 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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)

1231 Nashville Dr.
Wesley Chapel, FL
33544

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1231 Nashville Dr
Wesley Chapel, FL
33544

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:

New Registered Office Address:

_____ (Florida street 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 with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>V.P</u>	<u>Anthony Rossi</u>	<u>1231 Nashville Dr.</u> <u>Wesley Chapel, Fl.</u> <u>33544</u>	☒ Add ☐ Remove
<u>Trsy.</u>	<u>Alfonso Rossi</u>	<u>1231 Nashville Dr.</u> <u>Wesley Chapel, Fl.</u> <u>33544</u>	☒ Add ☐ Remove
<u>Secty.</u>	<u>Heather Rossi</u>	<u>1231 Nashville Dr.</u> <u>Wesley Chapel, Fl.</u> <u>33544</u>	☒ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

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

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: _____

03/27/09

Effective date if applicable: _____

(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 _____

3/27/09

Signature _____

Edvige Rossi

(By a director, president or other officer – if directors or officers have been selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)

EDVIGE ROSSI

(Typed or printed name of person signing)

President

(Title of person signing)