P15000068499

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COVER LETTER

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TO: Amendment Sec Division of Cor			ř	15 AUG 24 AH 6: 20
NAME OF CORPO	PRATION: VILLA ROSA I IN	IC		2
	IBER: P15000068499			王
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		2
Please return all corr	espondence concerning this mat	tter to the following:		***
	MIGUEL PEREZ			
		Name of Contact Person		•
	VILLA ROSA I INC.			_
		Firm/ Company		_
	33 WEST 26TH STREET			_
		Address		-
	HIALEAH, FL 33010			
		City/ State and Zip Code		-
VIL	.LAMARGO3@YAHOO.COM	1		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
MIGUEL PEREZ		786	439-6236	
Name of Contact Person		Area Co	de & Daytime Telephone Numbe	·r
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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		Amend Divisio Clifton 2661 E	Address Innent Section In of Corporations Building Executive Center Circle Insert Research	

Articles of Amendment to Articles of Incorporation of

VILLAROSA I INC.					
(Name of Corporation as curren	tly filed with the Florida Dept. of State)				
P15000068499		(a)			
(Document Number	of Corporation (if known)	600			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amendment(s) to			
A. If amending name, enter the new name of the corporation:					
VILLA ROSA I INC.		The new			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name m	ne abbreviation			
B. Enter new principal office address, if applicable:	33 WEST 20111 STREET				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH FL 33010				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33 WEST 26TH STREET				
	HIALEAH FL 33010				
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.					
Name of New Registered Agent					
·					
(Florida .	street address)				
New Registered Office Address:	, Florida				
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ion.			
Signatura of Nan	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.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name		Address		
1) Change						
Add						
Remove 2) Change						
Add						
Remove						
3) Change			····			
Add						
Remove						
4) Change		<u> </u>				
Add						
Remove						
5) Change		-				
Add						
Remove						
6) Change		_				
Add				1.114.51.00.010		
Remove						

If amending or Attach addition	adding additional Artical sheets, if necessary).	les, enter change (Be specific)	(s) here:			
						-
		 				
						
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provisions for	nt provides for an exchaing the amen licable, indicate N/A)	ange, reclassifica idment if not con	tion, or cancella tained in the am	tion of issued sl endment itself:	nares,	
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			<u>.</u> .		· 	

08/18/2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/18/2015 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 will document's effective date on the Department of State's records.	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(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"	
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 Signature (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)	
MIGUEL PEREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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