## L94991

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TELEGRAPH OF STATE

AUG 1 5 2016 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: ERNESTO ROMA	ANO ENTERPRISES OF F	LORIDA INC.	
	94991			
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.		
Please return all corresponder	ce concerning this ma	tter to the following:		
RUBE	N D. TORO			
		Name of Contact Person	n	
RUBE	N TORO P.A.			
<del></del>		Firm/ Company		
7901 K	INGSPOINTE PKWY	Y STE. 31	•	
		Address		
ORLA	NDO FL 32819			
<del></del>		City/ State and Zip Cod	e	
rubencpa@bo	ellsouth.net			
		sed for future annual report	notification)	
		· · · · · · · · · · · · · · · · · · ·		
For further information conce	rning this matter, pleas	se call:		
Ruben D. Toro		at (	370-6445	
			de & Daytime Telephone Number	
Enclosed is a check for the fo	lowing amount made	payable to the Florida Depa	artment of State:	
	\$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

ERNESTO ROMANO ENTERPRISES OF FLORIDA INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u> )		
L94991				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this tits Articles of Incorporation:	s Florida Profit Corporation adopts the	following amo	endment(s) t	
A. If amending name, enter the new name of the corporation:				
			new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nan	or the abbrev ne must conta	iation in the	
B. Enter new principal office address, if applicable:	6031 CRYSTAL VIEW DR.			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO FL 32819			
		374 375 )	2	
			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6031 CRYSTAL VIEW DR.	全語 表示	AUG .	
	ORLANDO FL 32819	35	F 1	
	·	11 (1) (1) (1) (1) (1) (1) (1) (1) (1) (		
		<u> </u>	<del></del>	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		## (T)	<b>(15)</b>	
Name of New Registered Agent	<del></del>			
Hame of New Registered Agent				
(Florida s	treet address)	<u>-</u>		
New Registered Office Address:	New Registered Office Address:, Florida			
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen	ıt:			
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the po	osition.		
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)

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>	<u>Na</u>	<u>me</u>	Address		
1) Change	DVP	GI	LORIA ROMANO	6031 CRYSTAL VIEW RD.		
Add X Remove				ORLANDO FL 32819		
2) Change			, page			
Add						
Remove						
3 ) Change		<u> </u>				
Add						
Remove						
4) Change	<del></del>					
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

macn aaaiiiona	adding additional Ar I sheets, if necessary).	(Be specific	;)			
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provisions for i	t provides for an exc mplementing the am cable, indicate N/A)	hange, reclassed	sification, or ca t contained in t	ncellation of issu he amendment i	aed shares, tself:	
1.02						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07/28/2016 Dated	
Dated	
Signature	
(By a different 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 cou appointed fiduciary by that fiduciary)	rt
ERNESTO ROMANO	
(Typed or printed name of person signing)	
President	

(Title of person signing)