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Office Use Only

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:	<u>COVER LETTER</u>
FO: Amendment Section Division of Corporations	
Romanza-St. Augustine,	Inc
NAME OF CORPORATION:	
N09000007559 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitte	ed for filing.
Please return all correspondence concerning this matter to	the following:
Patricia Syeles	
(Na	ame of Contact Person)
Romanza-St. Augustine, Inc.	
······································	(Firm/ Company)
83 Bridge Street	
	(Address)
St. Augustine, FL 32084	
(Cit	y/ State and Zip Code)
RomanzaFL@gmail.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
Patricia Syeles	904 315-8061 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
	ertified Copy Certificate of Status
	Additional copy isCertified Copynclosed)(Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Romanza-St. Augustine, FL 32084

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(Name of Corporation as currently filed with the Florida Dept. of State) N09000007559 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A			The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name	ition" or "inco	prporated" or the abbreviation "Corp."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>) N/A		<u>. </u>
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C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A		HAY
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D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a		Florida, enter the name of the	. F 2
Name of New Registered Agent: N/A			
<u>New Registered Office Address</u> :		(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)

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
<u>Type of Action</u> (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	Gloria MacDonald	368 Los Caminos Street St. Augustine, FL 32095
Remove			
2) Change Add	<u>D</u>	Ashlee Raven Salle	26 Hope St., Apt. B St. Augustine, FL 32084
X Remove 3) Change Add X Remove	<u>D</u>	Anne Kraft	968 Aragon Avenue St. Augustine, FL 32086
4) Change Add			
Remove			<u> </u>
5) Change Add			
Remove			
б) Change Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (attach additional sheets, if necessary). (Be specific)

N/A

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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)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

D . 1	4/20/21	
Dated		
	(AINANA	
Signature	(By the chairman on vice chairm	

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Albert Syeles

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(Typed or printed name of person signing)

President

(Title of person signing)

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