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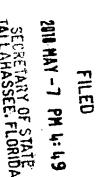
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C. GOLDEN NAY 1 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	HOSTERIA ROM	ANA INC	
DOCUMENT NUMBER:	P0200010840		
The enclosed Articles of Amer	adment and fee are su	bmitted for filing.	
Please return all correspondence	ce concerning this ma	tter to the following:	
	(OSVALDO MARTINEZ	
		Name of Contact Persor	1
	O&J PI	ROFESSIONAL SERVICE	S INC
		Firm/ Company	
		13550 SW 88 ST STE 150)
·····		Address	
MIAMI FL 33186			
 		City/ State and Zip Code	2
	OSVA	LDOEMARTINEZ@AOL	СОМ
E-	mail address: (to be us	sed for future annual report	notification)
For further information concer	ning this matter, pleas	se call:	
OSVALDO MA	ARTINEZ	at (305	446-4006
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	irtment 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 Ad			Address
Amendment			ment Section
	Corporations		n of Corporations Building
P.O. Box 63 Tallahassee.	- :		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HOSTERIA ROMANA INC

FILED

2018 HAY -7 PM 4: 49

(Name of Corneration		
Traine or Corporation	as currently filed with the Flori	da Dept. of Stage CHETARY OF
	P02000108403	TALLAHASSEE. FL
(Document	t Number of Corporation (if know	
resuant to the provisions of section 607.1006, Florida St Articles of Incorporation:	tatutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment
If amending name, enter the new name of the corpo	oration:	
and hading in the later and the later at	(I	The new
ime must be distinguishable and contain the word " Corp.," "Inc.," or Co.," or the designation "Corp," or the designation," or the abb	"Inc," or "Co". A professional	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered		the name of the
new registered agent and/or the new registered offi		
new registered agent and/or the new registered offi		
new registered agent and/or the new registered offi		
new registered agent and/or the new registered offi		
new registered agent and/or the new registered offi		, Florida

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.

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>Name</u>	<u>Addres</u> s
1) Change	PD	MONICA MAGO	435A ESPANOLA WAY
Add			MIAMI BEACH FL 33139
X Remove			
2) Change	PD	VERONICA MAGO	435A ESPANOLA WAY
Add			MIAMI BEACH FL 33139
X Remove			
3) Change	PD	ROSSIE MARGARET MAGO	435A ESPANOLA WAY
Add			MIAMI BEACH FL 33139
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellation	of issued shares, Iment itself:	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not conta	on, or cancellation ained in the amenc	of issued shares, lment itself:	
provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellation	of issued shares, lment itself:	
provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellation ained in the amend	of issued shares, lment itself:	
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provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellation	of issued shares.	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not conta	on, or cancellation	of issued shares.	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
•	
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 document's effective date on the Department of State's records.	date will 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 by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rment
"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.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/30/2018	
Signature Moreo Epot: (By a director, president or other officer – if directors or officers have not bee	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	en ourt
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	