# P02000108403

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#### **COVER LETTER**

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: HOSTERIA ROMANA INC

DOCUMENT NUMBER: \_\_\_\_ P02000108403\_\_

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

Please return all correspondence concerning this matter to the following:

MARCO / SOL EFRATI Name of Contact Person HOSTERIA ROMANA INC Firm/ Company 429 ESPANOLA WAY Address MIAMI BEACH, FL 33139 City/ State and Zip Code SOLEFRATIONOSTERIAROMANA.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO / SOL EFRATI	at ( <u>305</u> ) <u>297-4429</u>
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

Start Start

□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327

P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

#### HOSTERIA ROMANA

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

P02000108403

(Document Number of Corporation (if known)

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:

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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

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

# 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

(Florida street address)

<u>New Registered Office Address:</u> (City)

(Zip Code)

, Florida

<u>.</u>

The new

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

#### Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

## 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)

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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 = ChiefExecutive 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:

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<u>X</u> Change	<u> PT</u>	John Doc	
X Remove	Ϋ́	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	SOL Y MAR RESTREPO EFRATI	429 ESPANOLA WAY
<u>X</u> Add			MIAMI BEACH, FL 33139
Remove			
2) Change			
Add			
3) Change	<u></u>		
Add			<u></u>
Кспюче			
4) Change			. <u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

	adding additional Article al sheets, if necessary).	(Be specific)			
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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)

Note: 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 incorporators, or board of directors without shareholder action and shareholder action was not required.

 $\bigwedge$  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	······································
	tvoting groupi
	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)
	MAECO EFRATI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)