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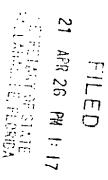
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COVER LETTER

NAME OF CORPORATION: ____ROMANI PROFESIONAL SERVICES DOCUMENT NUMBER: P06000059911 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDIA ROMANI Name of Contact Person ROMANI PROFESSIONAL SERVICES CORP Firm/ Company 11019 NW 86TH TER Address **DORAL, FL 33178** City/ State and Zip Code cromani@romanipro.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CLAUDIA ROMANI** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Division of Corporations

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as c	urrently filed with the Fi	lorida Dent. of State)
P06000059911	oriently incu with the F	STICE DEPT. OF STATE
(Document Nu	ımber of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:	
ROMANI PROFESSIONAL SERVICES CORP		The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp." "Inc," or "Cattered," "professional association," or the abbreviation	Co". A professional cor	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		ter the name of the
Name of New Registered Agent N/A	uudress:	
	orida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		abligations of the position
э. чесер, те арронитен из гедыстей иден. Тип ји	тта жин ини иссерт те	oonigations of the position. 26

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)

Example:

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
i) Change	N/A	-	N/A	N/A
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	····	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) //A	(Attach additional sheets, if necessary).	(Be specific)	<u>re</u> :	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
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	(if not applicable, indicate 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)
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.
■ 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
(voting group)
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) CLAUDIA ROMANI
(Typed or printed name of person signing)
PRESIDENT