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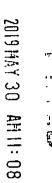
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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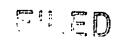
C. GOLDEN
JUN 1 9 2019

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: BELLA ROMA BU | UILDERS & INVESTMEN | STS CORP |
|---------------------------|---|---|---|
| DOCUMENT NUMBE | | | |
| The enclosed Articles of | "Amendment and fee are su | bmitted for tiling. | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| | | JORGE L HERNANDE | 7. |
| _ | | Name of Contact Person | n |
| _ | | Firm/ Company | |
| | | 16821 SW 149 PL | |
| | | Address | |
| | | MIAMI, FL 33187 | |
| _ | | City/ State and Zip Cod | e |
| | | bellaromabuilder@bellsout | h.net |
| | E-mail address: (to be us | sed for future annual report | notification) |
| | concerning this matter, pleas | se call: 786 at (| 378-0459 |
| Name of Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a check for t | the following amount made | payable to the Florida Depa | artment of State: |
| \$35 Filing Fee | □\$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) |
| Amen Divisi P.O. I | ng Address dment Section on of Corporations Box 6327 hassee, FL 32314 | Ameno Divisio Cliftor 2661 E | Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of



BELLA ROMA BUILDERS & INVESTMENTS CORP

2019 MAY 30 AM 11:08

| (Name of Corporati | ion as currently filed with the Florida Dept. of State) |
|--|--|
| P07000112185 | |
| (Docum | ment Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation: | la Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | orporation: |
| | The new |
| name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | rd "corporation," "company," or "incorporated" or the abbreviation of "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable | e: |
| (Principal office address <u>MUST BE A STREET ADL</u> | |
| | |
| | |
| C. Enterney mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> |
| | <u></u> |
| | |
| | |
| | red 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 oddress) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Reg | gistered Agent: I am familiar with and accept the obligations of the position. |
| Therety, weeter me approximent an regime of agent | · ····· y········· · ····· · ····· ····· ···· · · |
| | |
| | |
| Sign | nature 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: XChange | <u>PT</u> | John Doe | |
|-------------------------------|-----------|----------------------------|-----------------|
| ∑ Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | FABIAN VILLAREAL JARAMILLO | 16821 SW 149 PL |
| Add | | | MIAMI, FL 33187 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | _ | |
| Remove | | | |

| ца сн <i>аааннопа</i> | adding additional d sheets, if necessa | ry). (Be specific | ý. | | | |
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| an amendmer | nt provides for an | evehange, reclas | sification, or ca | incellation of is: | ued shares. | |
| provisions for | implementing the licable, indicate N/. | amendment if no | ot contained in | the amendment | useu: | |
| (ij noi appi | зсате, такак ку. | .1) | | | | |
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| • | IMMEDIATELY | , if other than th |
|---|---|-----------------------|
| The date of each amendme date this document was sign | ent(s) adoption:ed. | , it omer than th |
| Effective date if applicable | : | |
| | (no more than 90 days after amendment file date) | |
| | in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. | I not be listed as th |
| Adoption of Amendment(s | (<u>CHECK ONE</u>) | |
| The amendment(s) was/v by the shareholders was/ | vere adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval. | |
| ☐ The amendment(s) was/v must be separately prov | were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s): | |
| | tes cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| , | (voting group) | |
| ☐ The amendment(s) was/v action was not required. | were adopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/v action was not required. | were adopted by the incorporators without shareholder action and shareholder | |
| 05 Dated | 5/01/2019 | |
| Signature | | |
| Signature | (By a diffector, 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) | _ |
| | FABIAN VILLARREAL JARAMILLO | |
| | (Typed or printed name of person signing) | |
| | VICEPRESIDENT | |
| | (Title of person signing) | |