P090000 46202

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FILED 2020, SEP -3 PM 4: 37. SEGRETARY OF STATE SEGRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: ROMA CONNEC	TION CORP		
DOCUMENT NUMBER				
The enclosed Articles of A		ibmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
		MARIA MERCEDES VEL	.ASQUEZ	
		Name of Contact Person	n	
	VEI	LASQUEZ TAX SERVICE	ES CORP	
		Firm/ Company		
		3105 NW 107 AVE STE 4	00	
		Address		
		MIAMI FL 33172		
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
			,	
or further information cor	ocerning this matter, pleas	se call:		
		at ()	
Name of Co	ontact Person	Area Co) de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:	
	5	, ,		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address		Address	
Amendment Section		Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ROMA CONNECTION CORP

2020 SEP -3 PM 1: 37

(Name of Corp	oration as curren	tly filed with the Florida Dept. of State)
	GIACION AS CUITCH	
P09000046202		SECRETARY OF STATE
(D	ocument Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of t	he corporation:	
N/A		The new
	Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		11467 SOLAYA WAY STE 105
		ORLANDO FL 32821
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS THE PRINCIPAL
If amending the registered agent and/or registered agent and/or the new regist.		
new registered agent and/or the new regist		
new registered agent and/or the new regist		
new registered agent and/or the new regist	ered office addre	<u>SSI</u>
new registered agent and/or the new regist N/A Name of New Registered Agent	ered office addre	
new registered agent and/or the new regist	ered office addre	<u>SSI</u>

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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jone	<u>28</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u> </u>	<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change		- <u>-</u>	-	
Add				
Remove				
6) Change				
Add		_ <u>_</u>		
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
F. 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)
N/A

	AUGUST 6/2020	
The date of each amendment(s) a date this document was signed.	option:, if other	than the
_	UST 7/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.	d as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were act action was not required.	oted by the incorporators without shareholder action and shareholder	
AUGUST Dated	Quior harres	
sélect	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	JAVIER MARQUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	