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COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Imperia of Ros	25, Inc					
DOCUMENT NUMBER: 1 0 9000 1055						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Dmi +Riy Belki Name of Contact Person	·/					
Name of Contact Person						
ImperiA of Koses	Inc					
32 Nest 9A te LV Address	/					
PAIM PAST F. 32 1	 54					
City/ State and Zip Code						
* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
almAdimA 77 DamAil Co	2/10					
E-mail address: (to be used for future appeal report notification))					
For further information concerning this matter, please call:						
Dmitriy Belkin at 386, 93	19363					
Name of Contact Person Area Code & Daytim	ne Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of St	ate:					
(Additional copy is Certified	ate of Status d Copy onal Copy					
Mailing Address Street Address						

Amendment Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of
Imperia of Roses Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P 09000 103352
(Document Number of Corporation (if known)
of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amen

Pursuant to the provisions ndment(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 "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc." or "Coword "chartered," "professional association," or the abbreviation "I	Io". A professional corpora	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
		7.

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

		三 三 三	
D. If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida, enter the name of the registered office address:	1510B1	TH. 1. 10
Name of New Registered Agent	NANIA	ರಗ್ 	 1
New Registered Office Address:	(Florida street address) (Florida street address)		
wew Registered Office Address.	(City)	(Zip Co	ode)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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 hold. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		_			
Add					_
Remove					_
2) Change					
Add		_			
Remove					
3) Change					
Add		_			
Remove					
4) Change		_			
Add					_
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					_
Remove					

(Attach additional sk	ling additional Article heets, if necessary).	(Be specific)	N/A		
			•		
	<u> </u>				<u> </u>
		<u>. </u>			
If an amendment p	provides for an exchar plementing the amend	nge, reclassifica	ation, or cancellation	on of issued share	es,
(if not applicat	ble, indicate N/A)		/A		
		/	/ 		
					<u></u>
					

The date of each amendment(s) adoption: 7/12/18, if other than the
date this document was signed.
Effective date if applicable:
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 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated $7/12/18$
Signature DISC
(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)
Dmitriy Belkin
(Typed or printed name of person signing)
PRESident.

(Title of person signing)