

P10000050789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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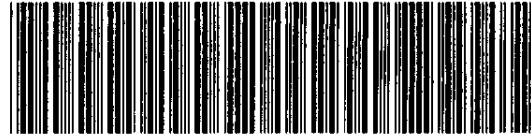
(Business Entity Name)

(Document Number)

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01/13/11--01011--001 \*\*35.00

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2011 JAN 13 A 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend  
Tlew's  
1-14-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NEW YORK ROMA PIZZA & CATERING #2, INC.

**DOCUMENT NUMBER:** P10000050789

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

Please return all correspondence concerning this matter to the following:

LUIS VALLEJO

Name of Contact Person

NEW YORK ROMA PIZZA & CATERING #2, INC.

Firm/ Company

2985 MCFARLANE RD

Address

COCONUT GROVE FL 33133

City/ State and Zip Code

nyrpcg@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS VALLEJO

Name of Contact Person

at ( 305 )

879-4816  
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

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

NEW YORK ROMA PIZZA & CATERING #2, INC.

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

P10000050789

(Document Number of Corporation (if known))

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

*The new 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. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(Zip Code)

**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*

**2 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)*

| <u>Title</u> | <u>Name</u> | <u>Address</u>                              | <u>Type of Action</u>                                                      |
|--------------|-------------|---------------------------------------------|----------------------------------------------------------------------------|
| DP           | David Euvin | 2985 MCFARLANE RD<br>COCONUT GROVE FL 33133 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |             |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**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

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The date of each amendment(s) adoption: 1/10/11  
(date of adoption is required)  
Effective date if applicable: 1/10/11  
(no more than 90 days after amendment file date)

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

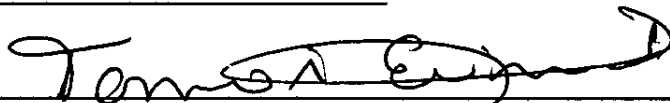
by \_\_\_\_\_."  
(voting group)

☒ 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 1/10/11

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)

TOMAS EUVIN

(Typed or printed name of person signing)

CEO

(Title of person signing)