P14000010646

(Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROVENCA CORI		
	BER: P14000010646		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARIA C. CIFUENTES MA	ARRERO	
		Name of Contact Person	1 .
	CIFUENTES-MARRERO, I	P.A.	
	-	Firm/ Company	
	4300 BISCAYNE BLVD SU	JITE 204	
		Address	
	MIAMI, FL 33137		
		City/ State and Zip Cod	e
MCI	FUENTES@CIFUENTESMA	ARRERO.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (³⁰⁵	5737418
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ROVENCA CORP	Ab. Clad with the Florida Dant - CC++1
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
	as Commenciate (IS In annual)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. 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 add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Jour Dagistared Agent's Signature if shanging Degistered Agen	edin •
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	r 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 neçessary) .

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 Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	S	VENTRESCA LATORRE, Tomasso	11865 SW 26th Street, Suite E8	
Add			Miami, FL 33175	
X Remove			~	
2) Change	S	Romano Santoro, Mauro	11865 SW 26th Street, Suite E8	
X Add			Miami, FL 33175	
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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727/186	
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	7.101
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•	
- Manu-	A MINISTER ALL ALL
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
.,	

	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	e sufficient for approval
by(voting group)	.,
(voting group)	
■ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
O5/20/2015 Dated	
	er – if directors or officers have not been hands of a receiver, trustee, or other court
Mauro Romano Santoro	
(Typed or printed r	name of person signing)
President	

(Title of person signing)