P1400070703

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2019 FEB 26 AM 10: 50

C. GOLDEN FEB 2 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROSI GALLIANI	P.A	
DOCUMENT NUMB	ER: P14000070703		
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ROSA GALLIANI		
•		Name of Contact Perso	n
	ROSI GALLIANI P.A		
-		Firm/ Company	
	321 LAKEVIEW DR #102		
•	<u>-</u>	Address	
	WESTON FL 33326		
-		City/ State and Zip Cod	le
rosific	orida@hotmail.com		
	•	sed for future annual report	notification)
	·	·	,
For further information	concerning this matter, pleas	se call:	
ROSA GALLIANI		754 at (422-7258
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)
Ame Divis P.O.	ing Address Indment Section Ition of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor	Address Idment Section In of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

ROSI GALLIANI P.A	2010 FEB 26 AH 10: 5
(Name of Corporation as	currently filed with the Florida Dept. of State)
P14000070703	the second of th
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
ROSA GALLIANI P.A	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES.	<u></u>
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Manning and Cast Service Bost)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
N/A	t dudiess.
Name of New Registered Agent	
(I	Florida street address)
New Registered Office Address: N/A	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
l hereby accept the appointment as registered agent. I am	jamular wun ana 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 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.

X Change	PT John D	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	<u>lones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	N/A	NIA	NIA
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary),	icles, enter change(s) here: (Be specific)
1/A	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
//A	
//A	
/A	
//A	
/A	
1/A	
N/A	
MA	
N/A	

•	FEBRUARY 21st ,2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date videous Department of State's records.	vill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
FEBRU. Dated	ARY 21st 2018	
Signature	a director, president of other officer - if directors or officers have not been	
selec	a director, president of other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	ROSA GALLIANI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	