Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000242569 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047

Phone : (813)774-4726

Fax Number

: (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

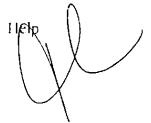
COR AMND/RESTATE/CORRECT OR O/D RESIGN

ROMA 3 INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



TO: Amendment Section

Го;

COVER LETTER

NAME OF CORPOR	ATION: ROMA 3 INC		
DOCUMENT NUMB	ER:P15000033202		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ſ	FUNES GALVEZ, WENDY		
_		Name of Contact Perso	n
ī	ROMA 3 INC		
_		Firm/ Company	
5	5026 24th Ave South		ı
_		Address	
J	Fampa, FL 33619		
_		City/ State and Zip Coc	le
г	olandoa911@gmail.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
For further information		013	7321079
FUNES GALVEZ, WE		013	7321079 ode & Daytime Telephone Number
FUNES GALVEZ, WE	NDY	at (813 Area Co	
FUNES GALVEZ, WE	NDY Contact Person	at (813 Area Co	

ĩo:

Articles of Amendment to Articles of Incorporation

18132001059

ROMA 3 INC		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P15000033202		
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation." "Cillic.," or Co.," or the designation "Corp." "Inc." or "Co". 2 "chartered." "professional association," or the abbreviation "P.A."	A professional corporation name must	contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BEA STREETADDRESS)		2023 JUL
C. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)		
		8
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		
Name of New Registered Agent		
tFlorida se	reet address)	
New Registered Office Address:	Cityy Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar s	<u>:</u> with and accept the obligations of the poy	ition.
Signature of New R	egistered Agent, if changing	
Check if applicable		

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

To:

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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>∨</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	ARELLANO FUNES, ROLANDO ENRIQUE	9039 EGRET COVE CIRCLE
Add			RIVERVIEW, FL 33578
X Remove			9039 EGRET COVE CIRCLE
2) Change	VP	ARELLANO RIVERA, MANUEL ENRIQUE	9039 EGRET COVE ÇIRCLE
X Add			RIVERVIEW, FL 33578
Remove 3) Change		_	্র
Add			
Remove			
4) Change			
Add			
Remove			
<i>5</i> , Change			
Add			
Remove			
6) Change			
Add			
Remove			

Го

18132001059

То

The date of each amendment(sidate this document was signed.	s) adoption:	if other than the
-	07/11/2023	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	b-4 1-1-1-1-2
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	2!
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	[T] 2023 JUL 1 1
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	- <u>-</u>
by	(voting group)	2
	(voting group)	
Dated 07	1=11= 2023	\$
%ignature	May	_
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court officer by that tiduciary)	
	WENDY FUNES GALVEZ	
	(Typed or printed name of person signing)	<u></u>
	PRESIDENT	
	(Title of person signing)	