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AUG 23 2017



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROMANAPINC		
DOCUMENT NUMB	ER:		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Manuel Cannone		
•		Name of Contact Persor	
	ROMANAP INC		
		Firm/ Company	
	5600 COLLINS AVE # APT	• •	
		Address	
	MIAMI BEACH, FL 33140		
		City/ State and Zip Code	
manu	el.cannone@gmail.com		
	<del>-</del>	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Itai Tsanaani		786	838-3114
Name o	of Contact Person	Area Co	) 838-3114 de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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



17 AUG 18 AM 9: 33 of ROMANAP INC (Name of Corporation as currently filed with the Florida Description of State) P15000099524 (Document Number of Corporation (if known) 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: 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 (Florida street address) New Registered Office Address: \_, Florida\_ (City) (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

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.

XChange	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
_X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	NAPOLI, LORENZO	5600 COLLINS AVE APT 16 Y
Add			MIAMI BEACH, FL 33140
Remove			<del></del>
2) Change	P	HOUSE SOLUTIONS USA LLC	5600 COLLINS AVE APT 16 Y
X Add			MIAMI BEACH, FL 33140
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
0 0			
6) Change	<del></del>		<del></del>
Add			<del></del> .
Remove			

Attach <i>additional shee</i>	g additional Articles ets, if necessary). (E	s, enter change(s) Be specific)	i uere:		
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provisions for imple	wides for an exchang menting the amenda	<u>nent if not conta</u>	in, or cancellation ined in the amend	<u>dment itself:</u>	1
(if not applicable	2, indicate N/A)				
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···					
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8/8/2017	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
8/8/2017	
Effective date if applicable: (no more than 90 days after	amendment file date)
The thirt is a sign of the sig	
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient (	
by	."
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	
The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	lder action and shareholder
Signature  (By a director, president or other officer – if direc	tors or officers have not have
selected, by an incorporator – if in the hands of a	
appointed fiduciary by that fiduciary)	receiver, trustee, or other court
appointed indicately by that indicately	
MANUEL CANNONE	
(Typed or printed name of pers	son signing)
PSD	
(Title of person sig	gning)