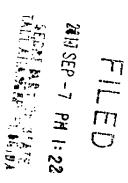
P17000051256

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Amend

SEP 1.4 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Roman Gastro,	Inc.	
DOCUMENT NUMBER: P17000051256		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Daniel Roman		
	Name of Contact Person	
Roman Gastro, Inc.		
	Firm/ Company	
4995 Volunteer Road		
5	Address	
Davie, Florida 33331	C. (1)	
	City/ State and Zip Code	
danielaroman63@gmail.com		
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, pl	ease call:	
Jay L. Farrow	at () 2529818	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee Certificate of Status		
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

Roman Gastro, Inc.		
(Name of Corp	oration as currently filed with the Florida Dept. of State)	
P17000051256		
(t	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of the designation of the des	e word "corporation," "company," or "incorporated" or the a "Corp," "Inc," or "Co". A professional corporation name must or the abbreviation "P.A."	bbreviation contain the
B. Enter new principal office address, if appli		
(Principal office address <u>MUST BE A STREE</u>]	(ADDRESS)	
C. Enter new mailing address, if applicable:		FIL FIL
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	
D. If a manding the registered agent and/or re	gistered office address in Florida, enter the name of the	PM 1:22
new registered agent and/or the new registered		
Name of New Registered Agent		_
	(Florida street address)	_
New Registered Office Address:	. Florida	
new negmenta Office naurem.		Code)
New Registered Agent's Signature, if changin		
I hereby accept the appointment as registered ag	ent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	_

If amending the Officer address of each Officer (Attach additional sheets	and/or D	irector being added:	me of each officer/director being removed and title, name, and
		e by the first letter of the office titt	'e:
P = President: V= Vice	President	: T= Treasurer; S= Secretary: D	= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO held. President, Treasure	= Chief I	Financial Officer. If an officer/di	rector holds more than one title, list the first letter of each office
Changes should be noted	d in the fo	llowing manner. Currently John	Doe is listed as the PST and Mike Jones is listed as the V. There is
a change, Mike Jones lei	aves the c	orporation, Sally Smith is named	the V and S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove			
Example:		l,	
X_Change	<u>PT</u>	John Doc	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Andrea Roman	4995 Volunteer Road
Add			Davie, Florida 33331
X Remove			
		ì	
2) Change	<u>V</u>	Karina Roman	4995 Volunteer Road
Add			David, Florida 33331
X Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Article	
(Attach additional sheets, if necessary).	Be specific)
	<u> </u>
	<u> </u>
	11
. If an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	1

	1			
	 June 9, 2	2017		
The date of each amendment(s) add date this document was signed.	option:			, if other than the
Effective date if applicable:	(no	more than 90 days afte	er amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not me partment of State	eet the applicable statu 's records.	itory filing requirements, th	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK</u>	ONE)		
☐ The amendment(s) was/were adop by the shareholders was/were suf			of votes cast for the amendr	nent(s)
☐ The amendment(s) was/were appr must be separately provided for e				
"The number of votes cast f	or the amendmer	nt(s) was/were sufficier	nt for approval	
by				
	(vo lin g gr	roup)		
☐ The amendment(s) was/were adoption was not required.	oted by the board	of directors without sl	hareholder action and share	holder
The amendment(s) was/were adopted action was not required.	oted by the incorp	porators without sharel	holder action and sharehold	er
August 1, 20 Dated)17			
Signature		Ren		
selected	• 61	ntor - if in the hands of	ectors or officers have not a receiver, trustee, or other	
1	Daniela Roman 			
-	(Туре	d or printed name of p	erson signing)	
I	President			
-		(Title of person	signing)	