2019-10-02 07:58 PEDRO



Florida Department of State

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Enter the small address for this business entity to be used for future should report wailings. Enter only one exall address plushes.

COR AMND/RESTATE/CORRECT OR O/D RESIGN ROCCIA INC

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COVER LETTER

The state of the s TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ROCCIA INC DOCUMENT NUMBER: P17000093998 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PEDRÓ I, LUZQUINOS Name of Contact Person Firm/ Company 8670 TAFT STREET Address PEMBROKE PINES, FL 33024 City/ State and Zip Code PJ.UZQUINOSF@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PEDRO LUZQUINOS at (954) 655-8413

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Pee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Taliahassee, FL 32314 2661 Executive Center Circle

Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

ROCCIA INC		41
(Name	of Corporation as currently filed with the Florida Dept. of State)	- 70 m
P17000093998		. بمنبر ۱
	(Document Number of Corporation (if known)	٠,
Purrought to the provinces of socion 607	1004 Clarida Cantaga akir Filatida Quadrati	
its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corporation adopts the follo	willg amendm
A. If amending name, enter the new na	nma of the summaration.	
5. Millerionag hanke, earler the of w 113	ante of the corporation:	
name were by distinguished and any	tain the word "corporation," "company," or "incorporated" or th	The nev
"Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	nation "Corp," "Inc." or "Co". A professional corporation name m	e aborevianoi usi coniain th
B. Enter new principal office address,		
Principal office address MUST BE A.S.	TREET ADDRESS)	
C. Enter new mailing address, if appli	icable:	
(Mailing address MAY BE A POST)	OFFICE BOX)	
		
 If amending the registered agent an new registered agent and/or the ney 	id/or registered office address in Florida, enter the name of the	
	PEDRO J, LUZQUINOS	
Nume of New Registered Agent		
	8670 TAFT STREET	
	(Florida street address)	
New Registered Office Address:	PEMBROKE PINES , Florida 3302	4
	(City)	Cip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent	
	ered agent. I am familiar with and accept the obligations of the position	on.
	Signature of New Registered Agent, if changing	

Page I of 4

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 munner. 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	HINIEDE YOUNESE, FERAS	8670 TAFT STREET
Add			PEMBROKE PINES, FL 33024
X Remove			
2)Change			_
Remove			
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			-
Add			
Remove			

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	icles, enter change(s) here: (Be specific)	
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f an amendment provides for an exc) provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclussification, or cancellation of issued sindment if not contained in the amendment itself:	ngres.
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	10-02-2019	
The date of each amendment(s	s) adoption:	, if other than th
date this document was signed.		
Effective date if applicable:	10-02-2019	
Ellective ofte il applicable:	(many of an	
	(no more than 90 days after amendment file date)	
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 by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
10-02-20	010	
Dated	——·	
Signature	X Z	
(By a	a director, president or other officer - if directors or officers have not been	-
selec	eted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
••	PEDRO J, LUZQUINOS	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	