P18000031541

	(Requestor's Name)			
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L	PICK-UP WAIT MAIL			
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05/03/18--01018--029 **35.00



MAY OF 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ALROMA GLASS ATION:	S CORP			
DOCUMENT NUMB	P18000031541 ER:	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:			
ı	ALEXEI VALDES LUJAN				
-		Name of Contact Person	1		
_	9060 SW 215 TERRACE	Firm/ Company			
-	MIAMI, FL 33189	Address			
-		City/ State and Zip Cod-	e		
alroma	glass@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ALEXEI VALDES LU	JAN	305 at (717-7047		
Name of Contact Person Area Code & Daytime Telep		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address Indment Section Indicate the Corporations Indicate the Corporations Indicate the Corporations Indicate the Corporations Indicate the Corporation of Corporations Indicate the Corporation of	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		



Articles of Amendment to Articles of Incorporation of

(Name of Company)	on as currently filed with the Florida Dept. of State)
P18000031541	m as currently fried with the Florida Dept. of State
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:
ALROMA CORP	The new
"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
12 morphic aggrees and an annual an annual and an annual an annual and an annual an annual and an annual an annual and an annual and an annual and an annual and an annual an annual and an annual an an	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Y I
(maning dudress MAT DE A 1 OST OFFICE DO	<u> </u>
D 16	and affice addresses in Elevido contenthe name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered	
N. CN D.:	
Name of New Registered Agent	
	(Florida street address)
Now Registered Office Address	Planida
New Registered Office Address:	(City) , Florida (Zip Code)
Nam Baristanad Arastia Circatuma if abaraira Bar	istered Agent:
New Registered Agent's Signature, if changing Reg	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.

Example: X Change PT	John Doe	
X Remove V	Mike Jones	
<u>X</u> Add <u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Name</u>	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Clause		
5) Change		
Add		
Remove		
6) Change		
Add		

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

04/26/18		
The date of each amendment(s) adoption:	, if other than the	
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the	
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by" (voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
04/26/2018 Dated Signature		
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
ALEXEY VALDES LUJAN		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		