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C. GOLDEN MAY 28 2019

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: _ DOCUMENT NUMBER:	Rose Altifa	ity Inc
DOCUMENT NUMBER:	P18000096995	
The enclosed Articles of Amendm	. ient and fee are submitted.	for filing.
Please return all correspondence c	oncerning this matter to th	e following:
	Narendra	Gup ta
		e of Contact Person
1300	0 NW 4914 Stree	Firm/ Company
	1 El 336/2	
	City/	State and Zip Code
E-mai	address: (to be used for fi	m nure annual report notification)
For further information concernin	g this matter, please call:	
Narendra Gapta		at (305) 336 - 2174 Area Code & Daytime Telephone Number
Name of Contact F	Person	Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payable	to the Florida Department of State:
	tificate of Status Cer	.75 Filing Fee & \$\sum \text{S52.50 Filing Fee}\$ tified Copy Certificate of Status ditional copy is Certified Copy losed) (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Articles of Incorporation

of

Rose Actifacts Inc

2019 HAY 13 PM 2: 39

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(Name of Corporation as	currently filed with	the Florida Dept. of State)	1,, 25
P18000046 90	. _ 15		11
(Document	Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	nutes, this <i>Florida Pro</i>	ofit Corporation adopts the fo	Howing amendment(s)
A. If amending name, enter the new name of the corpor	ration:		
	I WA		The new
name must be distinguishable and contain the word "c "Corp" "Inc" or Co" or the designation "Corp.," "word "chartered," "professional association," or the abb	lnc." or "Co". A pr	any," or "incorporated" or ofessional corporation name	the abbreviation
B. Enter new principal office address, if applicable:		1/A	
(Principal office address MUST BE A STREET ADDRES	<u>S\$</u>)		
		<u></u>	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
İ			
			
D. If amending the registered agent and/or registered of	office address in Flor	ida, enter the name of the	
new registered agent and/or/the new registered offic	e address:		
Name of New Registered Agent	V// \		
	(Florida street address)		
New Registered Office Address:		, Florida_	
ven Regisseren Office Transcon	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: " familiar with and ac	ecent the obligations of the no	sition.
Thereby accept the appointment as registered agent. The		ech, me vivilganizmo ej ma pa	
·			
Signatur	e of New Registered :	agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir. P = President; V = Vice F Executive Officer; CFO = held. President, Treasurer Changes should be noted	ind/or Director by if necessary) wester title by the five resident: T= Tree = Chief Financial in the following moves the corporation	eing added: irst letter of the office usurer: S= Secretary Officer. If an office be PTD. anner. Currently Jo n, Sally Smith is nan	e title: v: D= Director: TR= Ti r/director holds more t hn Doe is listed as the l	director being removed and title, name, and rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe; PT as a Change,
X Change	PT John Do	<u>oc</u>		
X Remove	<u>V</u> <u>Mike Jo</u>	nes		
X Add	<u>SV</u> <u>Sally Sr</u>	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
i) Change	5!	Mchammad	Sorim	1300 NW YOTH Street
_ <u>X</u> Add				# Z
Remove				Hialcoh FL 33012
2) Change	!			
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Remove				
5) Change				
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Remove				
6) Change				
Add				

____ Remove

f amending or adding additional Articles, enter change Attach additional sheets, if necessary). (Be specific)	M/A
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i	
f an amendment provides for an exchange, reclassifica	ntion, or cancellation of issued shares,
ananiciana far implamantina tha amandmant if our cor	stained in the amondment itsult:
(if not applicable, indicate N/A)	tained in the amendment users.
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The date of each amendment(s) adoption: date this document was signed.	:	it other than the
-		
Effective date if applicable:	tno more il	han 90 days after amendment file date)
Note: If the date inserted in this block do- document's effective date on the Departmen		applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient		. The number of votes cast for the amendment(s)
The amendment(s) was/were approved b must be separately provided for each vo	y the shareholder	s through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes cast for the a	 amendment(s) w a 	s/were sufficient for approval
by	(vating graun)	······································
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of dire	ectors without shareholder action and shareholder
action was not required.		s without shareholder action and shareholder
Dated May 8th	2019	····
Dated May 8 ¹⁴	Journs 1	Dupto
(By a director, selected, by an	president or other	r officer \(\frac{1}{2} \) if directors or officers have not been \(\frac{1}{2} \) in the hands of a receiver, trustee, or other court
	Nare	ndry Gupty
		inted name of person signing)
	\mathcal{D}	nitor
		Title of person signing)
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