# P20000026355

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sources Linky Harrie)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## COVER LETTER

TO: Amendment Section

Division of Cor	porations	•	•	
NAME OF CORPO	RATION; Romansa Corp			
DOCUMENT NUM		•		
	s of Amendment and fee are su	bmitted for filing.		
	espondence concerning this ma	_		
	•	J		
	Roberto Sanson-Roman			
		Name of Contact Pe	rson	
	Romansa Corp			
		Firm/ Company		
	10410 Calico Jack Trail			
	-	Address		
	Thonotosassa, Fl. 33592			
		City/ State and Zip C	Code	
	Spydermono21@gmail.com			
	E-mail address: (to be us	sed for future annual rer	port polification)	
for further informati	on concerning this matter, pleas	se call:		
Roberto Roman		240 at (	784-7721	
Name of Contact Person		Area	Code & Daytime Telephone Number	
inclosed is a check f	or the following amount made	payable to the Florida [	Department 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)	
Mailing Address			eet Address	
	nendment Section vision of Corporations		endment Section distinct of Corporations	
	). Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

#### Articles of Amendment

to

### Articles of Incorporation

of

R	om	ANSA	Corp
	. 6.7		

## (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the co	rporation:	
		The nev
name must he distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation	I" or the abbreviation "Corp., name must contain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	RESS )	
	· · · · · · · · · · · · · · · · · · ·	5.5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
		ښ
If amending the registered agent and/or register- new registered agent and/or the new registered of New Registered Agent	ffice address:	
	(Florida street address)	
New Registered Office Address:	(Florida street address) (City)	, Florida

#### Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: XChange	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Roberto Sanson-Roman	10410 Calico Jack Trail
X Add			Thonotosassa, Fl. 33592
Remove			
2) Change			
Add			
Remove 3.) Change	<del></del>		
Add			
Remove			
4) Change			with the value of
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	<del></del>			
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			18		
an amendment provides for an exc provisions for implementing the am	<u>nange, reclassit</u> endment if not	<u>ication, or canc</u> contained in the	e <u>namon or issue</u> - amendment it	<u>ed snares.</u> self:	
(if not applicable, indicate N/A)	CHAIRCH II III	- Transfer of the transfer of			
	· · · =			<u> </u>	
			<u> </u>		
				***	

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The date of each amendment(s) adoption:	if other than the
F.ffective 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 requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharel action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the ar by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
Welida Sanson-Roman	
(voting group)	
8/31/20 Dated	
Signature Militan Tom	
(By a director, president or other officer - if directors or officers have	e not been
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
MELIDA SANSON-ROMAN (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PDST	
(Title of person signing)	