P93000038076

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(Re	equestor's Name)		
(Ad	dress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Dc	ocument Number)		
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AUG 1 0 2020 S. YOUNG



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2020

ROMAN SINYAVSKY ELI ROM CO 17100 COLLINS AVENUE STE 209 SUNNY ISLES BEACH, FL 33160

SUBJECT: ELI ROM CO. Ref. Number: P93000038076

We have received your document for ELI ROM CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

The date of adoption of each amendment must be included in the document.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00013802

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ELI ROM CO					
	BER:		,			
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ROMAN SINYAVSKY					
		Name of Contact Person	π			
	ELI ROM CO					
	Firm/ Company					
	17100 COLLINS AVENUE S	STE 209				
	Address					
	SUNNY ISLES BEACH, FL 33160					
		City/ State and Zip Cod	e			
	RSIN@BELLSOUTH.NET					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
ROMAN		at (
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	or 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)			
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303			

Articles of Amendment to Articles of Incorporation of

ELI ROM CO

(Name of Corporation as current)	y filed with the Florida Dept. of St	ate)
P93000038076		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	he following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name n	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office additional and/or the registered office additional and/or registered against a registered office additional and/or registered against a registe		<u>he</u>
new registered agent and/or the new registered office address		
Name of New Registered Agent	· <u>-</u>	
(Florida str	aat addrays)	
	•	
New Registered Office Address:	(City) . Flori	da (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v		e position.
		2020 AUG
Signature of New Ro	egistered Agent, if changing	A COLOR
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) ((e) FS	2 1
- The amendment(s) to are being thee pursuant to s. 507.0120 (11)	(w _f , x	

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)

Example:

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.

X Change	<u>PT</u>	John Doo	2	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	D	_	ELISABETH SINYAVSKY	17100 COLLINS AVENUE
X Add				STE 209
Remove				Sunny Isles Beach, FL 33160
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				 ·
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)	;;	
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	 -	<u> </u>
 If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained 	cancellation of issued share	<u>s.</u>
(if not applicable, indicate :N/A)	in the anguardine user.	

The date of each amendment(s) adoptions date this document was signed.	<u>August</u>	1,2020	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 d	ays after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department		le statutory filing requirements,	this date will not be listed as th
Adoption of Amendment(s) ((CHECK ONE)		
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or boa	rd of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		umber of votes cast for the amend	dment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voice.			
"The number of votes cast for the a	mendment(s) was/were	sufficient for approval	
by	(voting group)	."	
Dated August	1,2020		
selected, by an	sesident or other officer	- if directors or officers have not ands of a receiver, trustee, or oth	
ROI	(Typed or printed nar	ne of person signing)	
PR	ESIDENT (Title of person signing)	na)	