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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Reinhold P. Wolff	Economic Research, Inc.	
DOCUMENT NUM	BER:		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Angel Morales		
		Name of Contact Person	n
	Trinity Consultants Group		
		Firm/ Company	
	2620 South University Drive	e, Unit 213	
		Address	
	Davie, Fl. 33328		
		City/ State and Zip Cod	e
ange	el@trinityconsultantsgroup.com	n	
-	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Angel Morales		et (⁹⁵⁴	445-0306
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	illing Address		Address
	nendment Section	Amendment Section	
Division of Corporations		Divisio	on of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tatlahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Reinhold P. Wolff Economic Research, Inc.

(Name o	f Corporation as currently file	d with the Florida Dept, of State)	
254577			
	(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	da Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		The new
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	company," or "incorporated" or the a A professional corporation name must o	bbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
	-		201"
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			
D. If amending the registered agent an		Florida, enter the name of the	<u>अ</u> ७५
new registered agent and/or the nev			
Name of New Registered Agent	Trinity Consultants Group LLC		-
	2620 South University Drive, U	nit 213	_
	(Florida street ad	dress)	
New Registered Office Address:	Davie	, Florida	
	(City)	(Zip C	Code)
New Registered Agent's Signature, if cl	nanging Registered-Agent:		
I hereby accept the appointment as regist		nd accept the obligations of the position.	
	Signorure of New Registe	red 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 <math>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.

<u>X</u> .Cl	hange	<u>PT</u>	John Doe	
<u>X</u> R	emove	<u>v</u>	Mike Jones	
<u>X</u> A	Add	<u>sv</u>	Sally Smith	
Type (Chec	of Action ek One)	Title	<u>Name</u>	<u>Addres</u> s
1) _	Change	PDST	Loren K. White	400 NE 5th Ave.
	Add			Pompano Reach, FL 33060
<u>x</u>	Remove			
2) _	Change	PTSD	Celia Irene Ruiz	581 Gettysburg Terr.
<u>x</u>	Add			Plantation, FL 33325
_	Remove			
3)_	Change			
	Add			
_	Remove			
4) _	Change		_	
_	Add			
_	Remove			
5)	Change			
	Add			
	Remove			
6) _	Change	 	_	
	Add			
	Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not applicable, maleuse 1471)	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	to to meet the applicable statutory filing requirements, this date 'State's records.	will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.	
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voi	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary	by that fiduciary)	
Celia Irene	Ruiz	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	