662963

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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: R. C. TEWELERS INC.					
DOCUMENT NUMBER: 662963					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
TTZHAK SHALOM Name of Contact Person					
Name of Contact Person					
PC JEWELERS INC.					
Firm/Company 20177 NE 16 PLACE					
20177 NE 16 PLACE Address MIAMI, FL 33179 City/ State and Zip Code					
City(State and Vin Code					
City state and zip Code					
Shaly1@hotmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TTZHAK SHALOM at (7F6) 302-4713 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to

to Articles of Incorp	poration S
of	
R.C. TEWELE	RS INC
(Name of Corporation as currently f	led with the Florida Dept. of State)
662963	•
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fla its Articles of Incorporation:	orida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
RC JEWELERS INC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	·
tFlorida street	address)
New Registered Office Address:	, Florida
(C)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	n 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

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	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			
Add			 -
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
-	
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	<u> </u>
	
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If an amendment provides for an exchange for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate NA)	HOLLEN TO HAVE COMMINGED IN THE HINCOLOGY COMMINGEN IN THE HINCOLOGY COMMINGED IN THE HINCOLOGY COMMIN
<u> </u>	

The date of each amendment(s) adoption:	, it other than the
date this document was signed.	
Effective date if applicable: 0/26/17 (no more than 90 days after amendment file date)	
(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, the document's effective date on the Department of State's records.	his date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by'''	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated \times 08/24/2017	
Signature X 1/2 1/2	
(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 othe appointed fiduciary by that fiduciary)	r court
ITZHAK SHALOM	
(Typed or printed name of person signing)	
PRE-BIDENT	
(Title of person signing)	