LD2934

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Amend Janus, 15

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Routal Plus Suc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda S. Brooks
Name of Contact Person
hontal Plus, Inc.
Firm/Company 15242 Sie 17 Saf- Address
City/ State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call: Compared 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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation

·	of
Root	al Plus Inc.
(Name of Corporation as	s currently filed with the Florida Dept. of State
	٠ ج
(Document i	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	15242 SW 17 St.
Principal office address <u>MUST BE A STREET ADDRES</u>	15242 SW 17 St. Davie, Fla. 33326
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15242 SW 1754.
	Davie Fla. 3332/
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent	
(1	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Register	
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	e 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.

E	xample: <u>X</u> Change	<u>PT</u>	John De	00	
	X Remove	<u>v</u>	Mike Jo		
_	X Add	<u>sv</u>	Sally St	mith	
	Type of Action Check One)	<u>Title</u>		Name	Address
1) Change	VP.7	_	Linda S. Brooks	15242 SW 1784
	Add				Davie, Fla.33326
	Remove				
2) Change	<u> </u>	-	Hazal O. Lynl	1931 nw 90 Ave
	Add			,	Rembroke Pines Flo
	Remove				33024
3) Change		_		
	Add				
	Remove				
4) Change		_	-	
	Add				
	Remove				
5,) Change		_		
	Add				
	Remove				
6) Change		_		
	Add				and the second of the second o
	Remove				

Attach addition	adding additional A al sheets, if necessary). (Be specific)			
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provisions for	nt provides for an ex implementing the ar licable, indicate N/A)	mendment if not co	eation, or cancella entained in the an	ation of issued sha nendment itself:	res,
 					
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The date of each amendment(s) adoption: $3/15/2015$, 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(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)
Harold O. Lynch DPST
(Typed or printed name of person signing)