## L14577

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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: RIO OHIO, INC. DOCUMENT NUMBER: L14577 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SILVIO ZUCCARELLI Name of Contact Person LOUIS MAMO & COMPANY Firm/ Company 290 SOUTH ANDREWS AVENUE, SUITE #4 Address POMPANO BEACH, FL 33069 City/ State and Zip Code SILVIO@LMC123.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_ at ( 954 ) 942-1120 Area Code & Daytime Telephone Number SILVIO ZUCCARELLI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## FILED

RIO OHIO INC

2020 OCT 13 PM 6: 48

RIO ONIO, INC.	
(Name of Corporation as currently filed with t	he Florid Persor Sate OF STATE
L14577	TALLAHASSEF, FL
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profi</i> is Articles of Incorporation:	t Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
OHN H. REININGER, INC.	77
name must be distinguishable and contain the word "corporation," "company," or "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professiona "chartered," "professional association," or the abbreviation "P.A."	The new "incorporated" or the abbreviation "Corp" l corporation name must contain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office address in Florid	a, enter the name of the
new registered agent and/or the new registered office address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	
(Florida street address)	
• • • • • • • • • • • • • • • • • • • •	
New Registered Office Address: (City)	Florida
/Ciņ)	τειρ Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept	ot the obligations of the position.
Signature of New Registered Age	nt, if changing
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:

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	•	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	<del></del>	_		
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4) Change		<del>-</del>		
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Remove				
5) Change		_		
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Remove				
6) Change		_		
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Remove				

	adding additional Arti al sheets, if necessary).	(Be specific)	<del></del>		
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an amendmei	<u>it provides for an exch</u>	ange, reclassificatio	on, or cancellation o	of issued sha <u>res.</u>	
rovisions for	mplementing the ame	ndment if not conta	ined in the amendn	<u>nent itself:</u>	
	icable, indicate N/A)				
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	other than the
date this document was signed.	
Effective 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 requirements, this date will not be document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required.	2holder
☐ 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	
by	
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)  JOHN H. REININGER  (Typed or printed name of person signing)  PRESIDENT	
(Title of person signing)	