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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN R.U.P. ENTERPRISES, INC.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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Help

From: Martin Collante

## Articles of Amendment to Articles of Incorporation of

|  | of  |                           |                                       |                 |
|--|---|---------------------------|---------------------------------------|-----------------|
|  | R.U.P. ENTERPRI                             | SES INC                   |                                       |                 |
| (Name of Corporat  |   | ed with the Florida Dep   | t. of State)                          | <u> </u>        |
|  | M36479                                      |                           |                                       |                 |
| (Docu  | ment Number of Co                           | rporation (if known)      |                                       |                 |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:   | la Statutes, this Flor                      | ida Profit Corporation a  | dopts the following                   | amendment(s) to |
| A. If amending name, enter the new name of the o   | corporation:                                |                           |                                       |                 |
|  |   |                           |                                       | The new         |
| name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr  B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD  | ." or "Co". A pr<br>reviation "P.A."<br>le: |                           |                                       |                 |
| The state of the same of the s | <u> </u>                                    |                           |                                       |                 |
|  |   |                           | · · · · · · · · · · · · · · · · · · · | ر <del>ت</del>  |
|  | -   |                           | <u> </u>                              |                 |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO   | <u>ox</u> ) _                               |                           |                                       | 10f1 (C) 21     |
|  | _   |                           |                                       |                 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered   |   | in Florida, enter the na  | me of the                             | Pii 4: 3h       |
| Name of New Registered Agent   |   |                           |                                       |                 |
|  |   | -                         |                                       |                 |
|  | (Florida street a                           | ddress)                   |                                       |                 |
| New Registered Office Address:   |   |                           | . Florida                             |                 |
| The state of the s | (Cit)                                       | 9                         | (Zip Cod                              | de)             |
|  |   |                           |                                       |                 |
|  |   |                           |                                       |                 |
| New Registered Agent's Signature, if changing Re<br>I hereby accept the appointment as registered agent.   | gistered Agent:<br>I am familiar with       | and accept the obligation | s of the position.                    |                 |
|  |   |                           |                                       |                 |
| Sign   | nature of New Regist                        | ered Agent, if changing   |                                       |                 |
| Charle if anniloshia   |   |                           |                                       |                 |

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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> John Doe X Remove V Mike Jones X Add <u>sv</u> Sally Smith Type of Action Title Name <u>Address</u> (Check One) VPD BARRABI, JACQUELINE 1201 NW 75 AVE 1) \_\_\_\_ Change Х HOLLYWOOD, FL 33024 Add Remove 2) \_\_\_\_ Change \_\_ Add Remove 3) \_\_\_\_ Change \_ Add \_ Remove 4) \_\_\_\_ Change \_\_ Add \_ Remove 5) \_\_\_\_\_ Change \_ Add Remove 6) \_\_\_\_ Change Add Remove

|                  | eets, if necessary).                       | (Be specific)        |                     |                                       |                                       |
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| n amendment pr   | royides for an excha<br>lementing the amen | inge, reclassificati | on, or cancellation | of issued shares,<br>Iment itself:    |                                       |
| (if not applicab | le, indicate N/A)                          |                      |                     |                                       |                                       |
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| The date of each amendment(s) add date this document was signed.               | ption:   | , if other than the          |
|--|--|------------------------------|
| Effective date if applicable:  |  |                              |
|  | (no more than 90 days after amendment file date)   |                              |
| Note: If the date inserted in this blo<br>document's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this datartment of State's records.   | te will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                              |
| ☐ The amendment(s) was/were adop action was not required.                      | ted by the incorporators, or board of directors without shareholder action   | on and shareholder           |
| The amendment(s) was/were adop<br>by the shareholders was/were suff            | ted by the shareholders. The number of votes east for the amendment(sicient for approval.  | 6)                           |
|  | oved by the shareholders through voting groups. The following statement or the voting group entitled to vote separately on the amendment(s): | nt                           |
| "The number of votes east fo   | or the amendment(s) was/were sufficient for approval   |                              |
| by   |  |                              |
|  | (voting group)   |                              |
| Dated  | 21/2021  |                              |
| Signature 🔀 💆  | esto guesti  |                              |
| (By a dire   | ector, president or other officer – if directors or officers have not been   |                              |
|  | by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)                                     |                              |
|  | RUPERTO BARRABI  |                              |
| _  | (Typed or printed name of person signing)  |                              |
|  | PDT  |                              |
| -  | (Title of person signing)  |                              |