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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Zuluaga & Tom RMS Investment Conjunction
DOCUMENT NUMBER: 191/3196
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David II. Jacoby Equire Name of Contact Person David II Jacoby Elder Law Advocate P. A Film Company ZIII Davry Road Address Melbourne Fr 32904 City/ State and Zip Code Pur rwtorn at amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID H JACOBY at (32), 723-8388 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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$64 Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Zulyaga & Tom RMS Investment Corporation
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new of
name must be distinguishable and contain the word "corporation," "company." or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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 in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent MA
(Florida stree add Ass) New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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, a	nd
address of each Officer and/or Director being added:	

(Attach additional sheets, if necessary)

Add

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 De	oc	
X Remove	<u> </u>	Mike Jo		
_				
X Add	<u>\$V</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PVS		George W Torn décease d	32512 Hawks Loke Lane
Add Remove	. ,		déceased	Sorrento, FC 32776
Kemove	00		Qh J W T	2271211111
2) Change	PD	_	Robert W. Tonn	32512 Hanks Lake Lane
_X Add				Somento, FL 32776
Remove 3) Change	VD	<u> </u>	Matthew J. Torn	6592 Lake Pem broke Pkne Orlando 12 32829
Remove	TD)	Toronan M Tillberg	9 Palm Gress Court
4) Change Add		_	10.40.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	9 Palm Grass Court Homosassa Fr 34446
Remove	~			- Phice
5) Change	<u>> D</u>	<u> </u>	Stephanie R. Torn	6592 Lake Pembroke
X Add			1	6592 Latte Pembroke Orlando, FC 32829
Remove				
6) Change		_		++

ach additional sheets, if necessary).	(Be specific)			
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/V/	/ 		·····	_
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n amendment provides for an ex	change, reclassification, or	cancellation of issued sl	iares.	
ovisions for implementing the am	endment if not contained	in the amendment itself:		
(if not applicable, indicate N/A)			'	
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	$V \cup V \cup V$			
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The date of each amendment(s) adoption: April 18, 2021 date this document was signed.	, if other	than the
Effective date if applicable: April 2 2022 (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 document's effective date on the Department of State's records.	not be list	ed 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 action was not required. □ 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 	shareholde	r
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	₩.	2
Dated April 12 2022 - Signature Horn	LLAHASSEE, FLO	FILED FILED
Ry 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) Robert W. Torn (Typed or printed name of person signing)	TATE ORIDA	6: 15
(Title of person signing)		-