N09000003697

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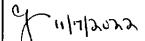
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COVER LETTER

TO: Amendment Section , Division of Corporations

NAME OF CORPORATION		RADORES DEL RE	INO, INC	
DOCUMENT NUMBER:	N09000003697			
•				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
JOSE FONTANEZ				
		(Name of Contact Pe	erson)	
		(Firm/ Company	')	
6214 JOHNSON STREET				
		(Address)		
HOLLYWOOD, FL. 33024	ļ.			
		(City/ State and Zip	Code)	
IGLESIACOLABORADO!	RESDELREINO@GMAI	L.COM		
1	-mail address: (to be used	d for future annual rep	ort notification	1)
For further information con-	cerning this matter, please	e call:		
JOSE FONTANEZ		at	954	270-7787
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	_	Certifi s Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)

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 to Articles of Incorporation of

	2022 / 1-1 EX
same of Corporation as currently filed with the Florida Dept. of State)	
N09000003697	
(Document Number of Corporation (if known)	
cursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Prof</i> mendment(s) to its Articles of Incorporation:	fit Corporation adopts the following
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or to "Company" or "Co." may not be used in the name.	he abbreviation "Corp." or "Inc."
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 in Florida, enter	the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
,	treet address)
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 ob-	

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 <math>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 X Remove X Add	PT John Do V Mike Jo SV Sally Sn	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	JANETTE GUERRERO	6214 JOHNSON STREET HOLLYWOOD, FL. 33024
X Remove			
2) Change Add	<u>T</u>	ROSS RENGIFO FLOR	6214 JOHNSON STREET HOLLYWOOD, FL. 33024
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Arti	(Be specific)	
	<u></u>		

		
		
		,
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective data if applicables		
Effective date if applicable: (no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

	•
There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
• Dated	07/14/2022
Signature	
	(By the chairman or tice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOSE FONTANEZ
	(Typed or printed name of person signing)