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SEORE WRY OF STATE ALLAHASSEE, FLORIDA

T. LEMIEUX

## \* COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>ROBALO KE</u> OF	GANIZAT	TON FOR IM PROYEMENT C
DOCUMENT NUMBER: <u>N II 00000 78 2.5</u>	•	RDIC4)
DOCUMENT NUMBER: NICOSON 1823	<u> </u>	<del></del>
The enclosed Articles of Amendment and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
HENRICH FORT	me of Contact Person	on)
Roi	(Firm/ Company)	
4809 Busch Blyd		
TAMPA FL 336		
Roichy A & Yn Ho E-mail address: (to be used for		
For further information concerning this matter, please call:		
HEAR' CL FOATUME (Name of Contact Person)		
Enclosed is a check for the following amount made payable	e to the Florida Dep	partment of State:
(A	13.75 Filing Fee & ertified Copy additional copy is inclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Clifto	t Address Idment Section Idment Sect

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DBA: Roich

ROANOKE OR GANIZATION (Name of Corporation as currently filed w	vith the Flor	MROVENO	ST OF HAITIA	AN COMMUN	yin
			2)		,
N 11 0000 0		rporation (if know	n)		
(Document 14)	amber of Co	rporation (it know)	,		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not</i>	For Profit Corpora	tion adopts the fo	llowing
A. If amending name, enter the new name of th	e corporati	on:			
N/	14			Т	he new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corporat <mark>1e</mark> .				
B. Enter new principal office address, if applications (Principal office address MUST BE A STREET A	able: 4DDRESS \	4809 E	BUSCL B	Lvé #	208
in the part of the	<u>10011200</u> /	TAMPA 1	CL 3361	7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			<del></del> -	
D. If amending the registered agent and/or reginew registered agent and/or the new registered agent and/or the new registered.			da, enter the name	of the	
new registered agent and/or the new register	red office a	agress:		<b>F</b>	
Name of New Registered Agent:				EXESSE TO THE PROPERTY OF THE	4773444
		Florida street address)	<del></del>	Man	
New Registered Office Address:			. Florida	P 2: FLOR	
(City)			, 1 tottdu	, S(Zip Code)	
New Registered Agent's Signature, if changing	Registered .	Agent:			
I hereby accept the appointment as registered agei	nt. I am fan	niliar with and acc	ept the obligations o	f the position.	
Signat	ture of New I	Registered Agent, i	f 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.

Example: X Change X Remove X Add	PT John J V Mike SV Sally	<u>Jones</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change  Add  Remove	President LE 0	HENRICL FORTUNE	4809 E BUSCH BLYD #208 TAMPA FLORIDA		
2) Change Add	P	RONALD SOSEPH	14809 E Busch Blud Sulter		
Remove  3) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

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				<u> </u>

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	29 - 2014	
Signature <b>S</b>	Allio	
(By the cha	and or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
H	EAIRICH TORTUME (Typed or printed name of person signing)	
<u> </u>	Founder (CEO	
•	(Title of person signing)	