## POI 000027397

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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: RETCF, INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ESTHER CURRY** Name of Contact Person Firm/ Company 2800 NE 57 ST Address FORT LAUDERDALE, FL 33308 City/ State and Zip Code ecurryOMA@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( Area Code & Daytime Telephone Number JAMES BRYAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee □\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tailahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P01000027397	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followi its Articles of Incorporation:	ng amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta "chartered," "professional association," or the abbreviation "P.A."	tion "Corp.,"
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	<del></del>
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	
(Elacida areas address)	
(Florida str <del>ee</del> t address)	
New Registered Office Address:, Florida, C(City)	ip 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.	n.
Thereby accept the appearance to 126 accept the appearance of the second territories and the second territories accept the appearance and the second territories and the second territories accept the second territo	
Signature of New Registered Agent, if changing	
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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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	THOMAS C FIKE	2800 NE 57 ST
X Add			FORT LAUDERDALE, FL 33308
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	amending or adding ttach additional sheet	ts, if necessary). (E	le specific)			
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	02/2022	
Effective date if applicable:	<u></u>	<u></u>
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendr sufficient for approval.	nent(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	atement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.**	
	(voting group)	
DatedSignature(By a	25 Cum  director, president or other officer - if directors or officers have not	b <del>ee</del> n
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other	
appo	inted fiduciary by that fiduciary)	
	ESTHER R CURRY	
	(Typed or printed name of person signing)	<del></del>
	DIRECTOR	
	(Title of person signing)	