

P02000130192

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

RECEIVED
03 MAR -5 PM 1:46
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR -5 PM 3:21

FILED

BASIC AMENDMENT

RISAS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

AMTD
RRCB 3-5
(4)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 4, 2003

RISAS INC.
1041 W 59 PL
HIALEAH, FL 33012

SUBJECT: RISAS INC.
REF: F02000130192

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent and registered office listed in your articles of amendment must be consistent throughout the document.

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H03000068791
Letter Number: 803A00013591

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
RISAS, INC.**

FILED
03 MAR -5 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendments(s) Adopted: ARTICLES 6 BOARD OF DIRECTORS

Sub writer at following: President: JAVIER MOLINA

SECOND: ARTICLES 5 INITIAL REGISTERED OFFICE

The street address of the registered office of this Corporation is, 6301 NW 36 ST.
Virginia Gardens Florida 33166

The principal place of business of the corporation shall be 6301 NW 36 ST. Virginia
Gardens Florida 33166

THIRD: The date of each amendment's adoption: March 3, 2003.

FOURTH: Adoption of Amendment(s)

☒ The amendment(s) was/were approved by the shareholders. The number of votes
Cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement 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
by _____ "

☐ The amendment(s) was/were adopted by the by the board of directors without
shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the by the incorporators without
shareholder action and shareholder action was not required

Signed this 3rd day of March, 2003

Signature

(By the chairman of vice Chairman of the board of director, President or other officer if adopted by the shareholders)

JAVIER MOLINA

(Typed or printed name)

PRESIDENT

(Title)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the Sates of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

The name of the Corporation is:

RISAS, INC.

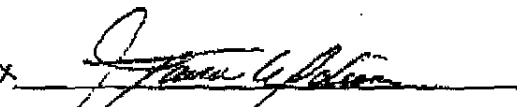
The name and address of the registered agent and office is:

Javier Molina
6301 NW 36 ST
Virginia Gardens, Florida 33166

**HAVING BEEN NAMED AS REGISTERED AGENT ANT TO ACCEPT
SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE
PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS
CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.**

Signature: X

Date:


03/03/03