P030048536

| (Re | equestor's Name) | |
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| (Ad | Idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone # | 7) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Name |) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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C GOLDEN

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: PICE 3333, INC |
|--|
| DOCUMENT NUMBER: P03000148536 |
| DOCUMENT NUMBER: POSOOTT 8556 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| RAFAEL GUTIFRREZ |
| Name of Contact Person |
| CANDAS CONSTRUCTION |
| Firm/ Company |
| 2830 SR 84 SUITE 117 Address |
| Address |
| FT. LAUDEPPALE FL. 33312 City/ State and Zip Code |
| City/ State and Zip Code |
| |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| |
| Name of Contact Person at (454) 321-3442 Area Code & Daytime Telephone Number |
| 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: |
| 7 035 FW F |
| S35 Filing Fee \$\ \$43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status |
| (Additional copy is Certified Copy |
| enclosed) (Additional Copy |
| is enclosed) |
| Mailing Address Street Address |
| Amendment Section Amendment Section Division of Corporations Division of Corporations |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 20, 2017

RAFAEL GUTIERREZ 2830 SR 84 SUITE 117 FORT LAUDERDALE, FL 33312

SUBJECT: RICE 3333, INC. Ref. Number: P03000148536

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6050.

Letter Number: 517A00025677

Claretha Golden Regulatory Specialist II

Articles of Amendment

to

Articles of Incorporation

| 9619 | 1.1 | l I | | | 20 |
|------|-----|-----|---|-----|-------|
| 2010 | _ | i i | 1 | in. | . J D |

| 0 | of | | 2018 1111 | <i>Little: 31</i> |
|--|------------------------------------|---------------------------------------|----------------------------|-------------------|
| | 3333, INC | | | |
| | ation as currently filed | | . of State) | |
| | 13000 (485 | | 751 | |
| (Dod | cument Number of Corpo | ration (if known) | | |
| Pursuant to the provisions of section 607,1006. Flo its Articles of Incorporation: | rida Statutes, this <i>Florida</i> | Profit Corporation ad | lopts the following amendn | ient(s) to |
| A. If amending name, enter the new name of the | e corporation: | | | |
| | | | The ne | н ' |
| name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the company of the contact | orp," "Inc," or "Co". z | | | |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | | | |
| | | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or regi- new registered agent and/or the new register | | florida, enter the nan | <u>ie of the</u> | |
| | | | | |
| Name of New Registered Agent | | | | |
| | (Florida street addr | esc) | | |
| | (1 to had street daw | | | |
| New Registered Office Address: | (City) | • • • • • • • • • • • • • • • • • • • | , Florida | |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen | | Laccont the obligation | s of the position | |
| . never, accept the appointment as registered agen | ит запаше мил иле | accept me omigutums | og me posmon. | |
| | | | | |
| | | | | |
| S | ignature of New Registere | ed 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 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> <u>John</u> | 1 Doc | |
|-------------------------------|-----------------------|------------------|---------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| <u>X</u> Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check Onc) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | PIRECER | GUTIERAEZ CARLOS | 2830 SMTE A) 84 |
| Add | | | Suite 111 |
| Remove | | | FT. LAUD. FL. 53317 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | . |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding addition Attach additional sheets, if necess | ary). ' (Be specific |) | | |
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| f an amendment provides for a provisions for implementing the | e amendment if not | ification, or cancell contained in the a | ation of issued shar mendment itself: | es, |
| (if not applicable, indicate l | VA) | | | |
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| he date of each amendment(s) ad | ontion: | 1/1/12 | | , if other than th |
|--|--|-----------------------------|-------------------------------|-----------------------------------|
| ate this document was signed. | · . | () | | , ii outer than th |
| Character days to a think his | • | 1/11/2 | | |
| ffective date <u>if applicable</u> : | (na | more than 90 days afte | er amendment file date) | |
| | | | | |
| ote: If the date inserted in this blocument's effective date on the Dep | | | tory filing requirements, the | nis date will not be listed as th |
| doption of Amendment(s) | (<u>CHECK</u> | <u>CONE</u>) | | |
| The amendment(s) was/were adopt the shareholders was/were suf | pted by the share Ticient for appro | cholders. The number oval. | f votes east for the amenda | nent(s) |
| The amendment(s) was/were approvided for a | | | | |
| "The number of votes cast f | | | - · · | |
| by <u>Lice</u> | 3343, INC | · • . | | |
| | (voting g | group) | · | |
| The amendment(s) was/were adoraction was not required. The amendment(s) was/were adoraction was not required. | | | | |
| Dated / | 2 14 17 | | | |
| Direct | <u>- </u> | 7/ | | |
| Signature | | A R | | |
| (Byadi | rector, president | t or other officer – if dir | ectors or officers have not | |
| | l, by an incorpora ed fiduciary by the | | a receiver, trustee, or othe | r court |
| | | RAFAEL Gu | n'emez erson signing) | |
| • | (Type | ed or printed name of po | erson signing) | |
| | | Director | (MAMGING) | |
| | | (Title of person) | rioninu) | |