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TO:

Amendment Section

Tallahassee, FL 32314

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Division of Corporations SUBJECT: RA GONZIEZ INC
(Name of Corporation) 04000020950 DOCUMENT NUMBER: The enclosed Articles of Amendmen tee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

R.A. boyzale	ZINC	Dept. of State)
(Name of Corporation as cu	rrently filed with the Florida	Dept. of State)
P040000	20950	The second second
(Document N	lumber of Corporation (if know	(n)
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		orida Profit Corporation adopts the follo
A. If amending name, enter the new name	e of the corporation:	
		The new
name must be distinguishable and contait abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "Inc.," b. Enter new principal office address, if a	the designation "Corp," "Inc, professional association," or t	" or "Co". A professional corporation
(Principal office address MUST BE A STR	EET ADDRESS)	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF D. If amending the registered agent and/o	FICE BOX)	Florida, enter the name of the
new registered agent and/or the new r		
Name of New Registered Agent:	ROXANNE B 6	onzale 2
	2714 Cullens ct	
New Registered Office Address:	(Florida street a	idress)
	OLOEC	, Florida 34761
	(City)	(Zip Code)
New Registered Agent's Signature, if chair I hereby accept the appointment as registered		

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)

Title President	Name Roberto A bonzalcz	Address 2714 Cullen's C † Ococe FL 34761	Type of Action Add Remove		
beertary	Roberto Abortzale 2	scme	☐ Add ☑ Remove		
Passident	ROXANNE B GONZALCZ	2714 Cullens Ct OCOCE, FL 34761	Add ☐ Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
F. If 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)					

The date of each amendment(s) adop	otion: 01-01-2010	
	tion: 01-01-2010 (date of adoption is required)	
Effective date if applicable: 01	-01-2010	
(no mo	re than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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		
by(voting	group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 01-12-2		
Signature Rob	ut A Jouroler	
(By a direct	or, president of other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court		
appointed fi	duciary by that fiduciary)	
٩	ROBERTO A GONZA IE 2	
	(Typed or printed name of person signing)	
<u></u>	(Title of person signing)	
(Title of person signing)		