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A. RAMSEY DEC 27 2021

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: RIS GROUP INC		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Stephanie Chocron-Jean, Esq		
		Name of Contact Person	1
		Firm/ Company	
	720 Ponce de Leon Drive		
		Address	
	Fort Lauderdale, FL 33316		
		City/ State and Zip Code	e
	stephaniechocron@gmail.com	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Stephaie Chocron-Jean, Esq.		at (³⁰⁵	7636467
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

RIS GROUP, INC. (Name of Corporation as currently filed with the Florida Dept. of State (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 720 Ponce de Leon Drive B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) Fort Lauderdale, FL 33316 C. Enter new mailing address, if applicable: 720 Ponce de Leon Drive (Mailing address MAY BE A POST OFFICE BOX) Fort Lauderdale, FL, 33316 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: Stephanie Chocron Jean, Esq. Name of New Registered Agent (Florida street address) 720 Ponce de Leon Drive New Registered Office Address: (City) 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. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Şmith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	PT	Santos Chocron	10155 Collins Avenue, 710		
Add X Remove			Bal Harbor, FL 33154		
2) Change	PT	Ruben Chocron Chocron	720 Ponce de Leon Drive		
X Add			Fort Lauderdale, FL, 33316		
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		<u> </u>			
Add					
Remove					
6) Change					
Add					
Remove					

	samending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)						
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The date of each amend date this document was si	nent(s) adoption:, if other than gned.
Effective date if applica	ole:
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
Adoption of Amendmen	t(s) (CHECK ONE)
■ The amendment(s) wa action was not require	s/were adopted by the incorporators, or board of directors without shareholder action and shareholder i.
, ,	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
must be separately pr	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s): votes cast for the amendment(s) was/were sufficient for approval
	**
by	(voting group)
1 Dated_ Signatu	(By a director, president or 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 fiduciary by that fiduciary)
	Ruben Chocron Chocron
	(Typed or printed name of person signing)
	President
	(Title of person signing)

the

the