P07000051044

(Requestor's Name)				
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2016 JUN 28 BM St. 13

JUL 5 2016 C LEWIS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations REBOLTA CORPORATION, INC NAME OF CORPORATION: _ P07000051044 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NELLY REBOLTA** Name of Contact Person REBOLTA CORPORATION, INC Firm/ Company 800 N FLAGLER AVE STE 4 Address HOMESTEAD, FL 33030 City/ State and Zip Code NREBOLTA@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **NELLY REBOLTA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 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

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

FILED SECRETARY OF STATE DIVISION OF CURPOLAGES

	Articles of Incorporation	***
Rehalta Co.	or coation	2016 JUN 28 AM 8: 13
(Name of Corporati	ion as currently filed with the Flo	orida Dept. of State)
\mathcal{P}_{ℓ}	0700005104	:4
(Docum	ment Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corp	noration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession	
B. Enter new principal office address, if applicable	<u></u>	
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
	(Florida street address)	-
V D : 1000 111		Ulosida
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg		
l 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

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 <math>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.

Example: X.Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GRACIELA LLANSO	9625 NASSAU DR
X Add			CUTLER BAY, FL 33189
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
6) Change			
Add			
Domovo			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)

<u>.</u>	
	· ·
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ц пот аррисавіе, іпаісаіе 1974)	

	06/23/2016		
The date of each amendment(s) a	doption:	FILEO	_, if other than the
date this document was signed.		SECHLIARY OF STATE DIVISION OF CORPORATION	
	/23/2016	N. C. ONGH. Dr. C. Galleri, H. M. C. C.	
Effective date <u>if applicable</u> :		amend 2016 s JUN 28 AM 8: 13	
	(no more than 90 days after	amendfilelli fileldale) HI 0-13	•
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statuto epartment of State's records.	ory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of ufficient for approval.	votes east for the amendment(s)	
	proved by the shareholders through voting reach voting group entitled to vote separate		
	t for the amendment(s) was/were sufficient	• •	
by	(voting group)	•••	
	(voting group)		
action was not required.	lopted by the board of directors without sha		
06/23/201 Dated	MW 1		
Signature	director, president or other officer if direct	store or officers have not been	_
	ed, by an incorporator – if in the hands of a		
	nted fiduciary by that fiduciary)	receiver, irustee, or other court	
арроп			
	NELLY REBOLTA		
	(Typed or printed name of pers	son signing)	
	PRESIDENT		
	(Title of person sig	gning)	