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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: RUEBEN VILLAR | EAL, INC | | |
|---------------------------|---|--|---|-----------|
| DOCUMENT NUMB | ER: P07000052426 | | | |
| | f Amendment and fee are sul | bmitted for filing. | | |
| Please return all corresp | oondence concerning this ma | ter to the following: | | |
| ï | RUBEN VILLARREAL | | | |
| - | · | Name of Contact Person | | |
| I | RUEBEN VILLAREAL, INC | · · | | |
| - | | Firm/ Company | | |
| \$ | 8475 OSTEEN ST | | | |
| - | | Address | | |
| • | IACKSONVILLE, FL 32210 | | | |
| - | | City/ State and Zip Code | 2 | |
| 1 | morenotax@gmail.com | | | |
| - | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | concerning this matter, pleas | 904 | _) 234 7714 | 2022 AUG |
| | f Contact Person | at (at Co |) de & Daytime Telephone Number | 2 A! |
| - | the following amount made | | | |
| ■ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | Fil 2: 37 |
| Ame Divis P.O. | ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314 | Amend Divisio The C 2415 i | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 essee, FL 32303 | |

Articles of Amendment to Articles of Incorporation of

| n | T | 111 | 1 | 17 | ٩ī | 171 | • | T A | D | 17. 4 | . 1 | INC | ٠, |
|---|---|-----|---|----|----|-----|---|-----|-----|-------|-----|------|----|
| к | ı | 11 | H | ١. | `` | v | 1 | IΛ | · K | t• 17 | ١ı | 1521 | |

| RUEBEN VILLAREAL INC | | | |
|---|---|----------------------------|----------|
| (Name of Corpo | ration as currently filed with the Florida Dept. of State) | | |
| P07000052426 | | | |
| (Do | ocument Number of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: | orida Statutes, this Florida Profit Corporation adopts the followi | ng amendmer | nt(s) to |
| A. If amending name, enter the new name of the | ie corporation: | | |
| | | 71 | |
| | l "corporation." "company," or "incorporated" or the abbreviat Inc," or "Co". A professional corporation name must conta bbreviation "P.A." | | |
| B. Enter new principal office address, if application (Principal office address MUST BE A STREET) | | | |
| The spirit address Most Best Street | <u> </u> | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | (ROX) | | |
| maning address Mill DD711 OD1 O11101 | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or reg | istered office address in Florida, enter the name of the | 22 | |
| new registered agent and/or the new registe | | 122 | |
| Mannes of Name Pagintawal Lagrant | - | 7 2 70 63 | . † |
| Name of New Registered Agent | | - 🚣 | |
| | | | . 3 |
| | (Florida street address) | | • |
| New Registered Office Address: | , Florida | | |
| | (City) (Zip | Code | |
| | | | |
| New Registered Agent's Signature, if changing | Registered Agent | | |
| I hereby accept the appointment as registered age | nt. I am familiar with and accept the obligations of the position. | | |
| | | | |
| | | | |
| - | | | |
| S | 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)

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, President, Treasurer, President, Treasurer, President, Treasurer, President, Treasurer, President, President,

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>79</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 |
| i) Change | D | VALERIA VILLARREAL CASTRO | 8475 OSTEEN ST |
| X Add | | | JACKSONVILLE FL 32210 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | <u></u> |
| 4) Change | | | |
| Add | | | |
| Remove | | | · · · · · · · · · · · · · · · · · · · |
| 5) Change | · | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | <u></u> |
| Remove | | | |

| 1-1-1 3 | cles, enter change(s) here: (Be specific) | |
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| lf an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
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| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |

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| The date of each amendment(s) addate this document was signed. | option: | , if other than the |
|--|--|------------------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this dapartment of State's records. | te will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were adoptaction was not required. | oted by the incorporators, or board of directors without shareholder action | on and shareholder |
| ☐ The amendment(s) was/were adop by the shareholders was/were suf | nted by the shareholders. The number of votes cast for the amendment(street for approval. | s) |
| | roved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes east f | or the amendment(s) was/were sufficient for approval | |
| by | | |
| | ben Ullareal | |
| selected | ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour diductory by that fiductory) | t |
| I | RUBEN VILLARREAL | |
| - | (Typed or printed name of person signing) | |
| Ī | PRESIDENT | |
| - | (Title of person signing) | |