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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Raphael R. Nolasco INC.				
DOCUMENT NUMBER: P07000102391				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Rafael Jose Nolasco Name of Contact Person				
Firm/Company 1201 NE 214 ⁵⁺				
Address				
miami F1 33179				
City/ State and Zip Code				
Rafy 15103 e gmail- (on E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rafael J Nolasco at (186) \$87-0811 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:				
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment

Articles of Incorporation

of

Bapheal B. Nolasa	o INC.
· .	ntly filed with the Florida Dept. of State)
P07000102391	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	707
	F G Ti
C. Enter new mailing address, if applicable:	in the second se
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	5
	261
D. <u>If amending the registered agent and/or registered office ad</u> new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent JOSE	Nolasco
(Sur	· · · · · · · · · · · · · · · · · · ·
	treet address)
New Registered Office Address:	(City) , Florida
	(inj) couch
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Chan 1)	A.
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 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 j</u>	ohn Doe	
X Remove	<u>V</u> <u> </u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PTSI	D Nolaxo, Rafael A	AptsD
Add			
<u></u> Remove			
2) Change	<u>P</u>	Jose Nolasco	15295 South river
Add Remove			Dr. miami Fl 33169
3) <u>X</u> Change	SC_	Nolasco, Rafael Jo	
Add			
4)Change	_V_	Nolasco , Rafael J	Se 1201 NE 2145+
Add		,	<u>miami, F1</u> 33179
5) Change	TR	Nolasco, Jose Ti	
Add		, — —	
X Remove			
б) Change	TB_	Jimenez, Chanta	le 1/305 SW 15th
_ X _ Add		,	St. Pembroke pines
Remove			FI . 33025

f amending or adding Attach additional shee	ts. if necessary).	(Be specific	·)				
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an amendment prov provisions for implem (if not applicable,	nenting the ame	nange, reclassi ndment if not	fication, or ca contained in	ncellation of the amendme	issued shares at itself:	1	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (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)	
Rafael T NolcySco (Typed or printed name of person signing)	
Vice president (Title of person signing)	<u></u>