

06/16/2017 15:39

(FAX)

P.001/006

Division of Corporations

PO8000034709

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000161676 3)))



H170001616763ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : STOLZENBERG, GELLES & FLYNN, LLP  
Account Number : I20100000018  
Phone : (305) 961-1450  
Fax Number : (305) 423-3979

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sharon@myturnstyle.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
J TWO K, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

17 JUN 16 PM 3:39

JUN 19 2017

Electronic Filing Menu

Corporate Filing Menu

S. YOUNG

06/16/2017 15:39

(FAX)

P.002/006

H170001616763

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: J TWO K, INC.

DOCUMENT NUMBER: P08000034709

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Hettinga

Name of Contact Person

Stolzenberg Gelles Flynn & Arango, LLP

Firm/ Company

1401 Brickell Avenue, Suite 825

Address

Miami, Florida 33131

City/ State and Zip Code

ahettinga@sgfcounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Hettinga

at ( 305 )

961-1450

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

☐ \$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)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H700016676 3

Articles of Amendment  
to  
Articles of Incorporation  
of

J TWO K, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000034709

(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."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

1362 Weston Road

Weston, Florida 33326

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1362 Weston Road

Weston, Florida 33326

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:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

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

H170001616763

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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	D	TRUSKE, SHARON	1362 Weston Road
<input type="checkbox"/> Add			Weston, Florida 33326
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(FAX)

H170001614763

[illegible]

---

---

---

---

---

---

HI-00001614-70 3

The date of each amendment to this document is \_\_\_\_\_, if other than the date this document was signed.

Effective date (if applicable) \_\_\_\_\_

(If more than 90 days after amendment file date)

Notes: If the date entered on this form does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Secretary of State's records.

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 statements 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 incorporator without shareholder action and shareholder action was not required.

Dated 06/16/2017

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)

Sharon P. Trusile  
(Typed or printed name of person signing)

President  
(Title of person signing)

Division of Corporations

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000161508 3)))



H170001615083ASCS

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES  
Account Number : 120040000007  
Phone : (305)640-0281  
Fax Number : (305)640-0282

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

laxmyc2001@yahoo.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**RCG EXPRESS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

EFFECTIVE DATE

6/16

JUN 19 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RCG EXPRESS CORP

DOCUMENT NUMBER: P17000051712

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBEN CUELLO-GARCIA

Name of Contact Person

RCG EXPRESS CORP

Firm/ Company

6149 W 14TH LN

Address

HALEAH, FL 33012

City/ State and Zip Code

laxmyc2001@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

at (305) 640-0281

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

☐ \$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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



Articles of Amendment  
to  
Articles of Incorporation  
of  
RCG EXPRESS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000051712

(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."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

6049 W 14TH LN

HIALEAH, FL 33012

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

6049 W 14TH LN

HIALEAH, FL 33012

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:

Name of New Registered Agent

6049 W 14TH LN

(Florida street address)

New Registered Office Address:

HIALEAH

(City)

Florida 33012

(Zip Code)

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:

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.

Example:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change

P

RUBEN CUELLO-GARCIA

6049 W 14TH LN

Add

Remove

HIALEAH, FL 33012

2) ☐ Change

Add

Remove

3) ☐ Change

Add

Remove

4) ☐ Change

Add

Remove

5) ☐ Change

Add

Remove

6) ☐ Change

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) adoption: 06/16/2017, if other than the date this document was signed.

Effective date if applicable: 06/16/2017  
(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 not be listed as the document's effective date on the Department of State's records.

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):

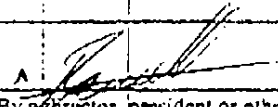
"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

☒ 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.

Dated 06/16/2017

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)

RUBEN CUELLO-GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)