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(((H170001616763)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

- j.

STOLZENBERG, GELLES & FLYNN, LLP 120100000018 Account Name

Account Number Phone

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
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JUN 1 9 2017

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Corporate Filing Menu

S. YOUNG

COVER LETTER

TO: Amendment Sec Division of Cor			
NAME OF CORPO	DRATION: J TWO K, INC.		
	IBER: P08000034709		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Amy Hettinga	<u> </u>	
		Name of Contact Person	n ·
	Stolzenberg Gelles Flynn &	Arango, LLP	
		Firm/ Company	
	1401 Brickell Avenue, Suite	• •	
		Address	· · · · · · · · · · · · · · · · · · ·
	Miami, Florida 33131		
		City/ State and Zip Cod	¢
ahet	ttinga@sgfcounsel.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Amy Hettinga		at (305	961-1450 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Dept	artment of State:
\$35 Filing Pee	□\$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)
M:	alling Address	Street	Address
An	nendment Section	* ****	ment Section
	vision of Corporations		on of Corporations
	D. Box 6327		Building
Ta	llahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

(FAX) H170001010763

Articles of Amendment to Articles of Incorporation of

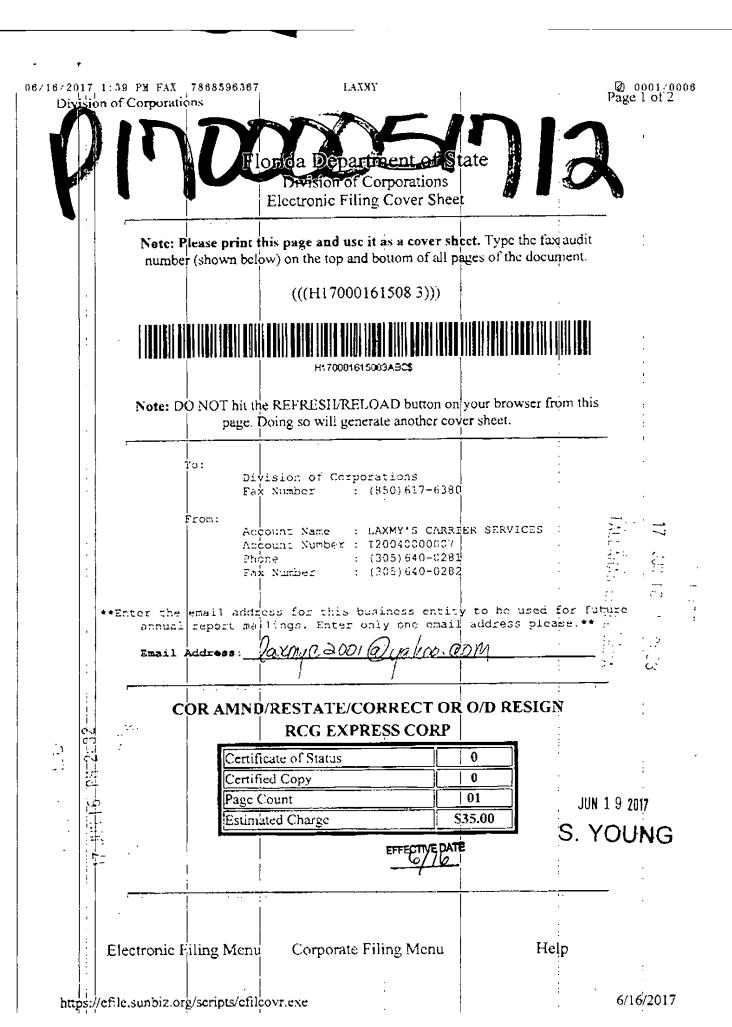
TWO K, INC.		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
08000034709		
(Document Number	or of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the fo	llowing amendme
If amending name, enter the new name of the corporation:		
		The new
anne must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o ord "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name	
Enter new principal office address, if applicable:	1362 Weston Road	
Principal office address MUST BE A STREET ADDRESS)	Weston, Florida 33326	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1362 Weston Road	
	Weston, Florida 33326	<u> </u>
		, , ,
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the	
	3111	<u> </u>
Name of New Registered Agent		===
(Florida	sireet address)	
	PL. 14	
New Registered Office Address:	, Florida	(Zip Code)

FAX) H170001616763

			Officer, mirector benig temoved and due, name, and
address of each Offic (Attach additional she		Director being added:	-·
		le by the first letter of the office title:	
P = President; V = VicExecutive Officer; CF	ce Presiden O = Chief	t; T= Treasurer; S= Secretary; D= Director, Financial Officer. If an officer/director hold	; TR= Trustee; C = Chairman or Clerk; CEO = Chief Is more than one title, list the first letter of each office
held. President, Treast Changes should be not	urer, Direct ted in the fo	or would be PID. allowing manner. Currently John Doe is listed	d 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,
	ove, and Sa	lly Smith, SV as an Add.	
Example:	ישנו	John Doe	
X Change	PI	<u>John Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
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Add			Weston, Florida 33326
Remove			·
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4.46.100 1.0			
6)Change		_	
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f an amendment provides for an exch	ango, reclassificatio	u, or cancellation o	f issued shares.	
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(if not applicable, indicate tox)				
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	(Nide of r	erom signism)		
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		COVER LETTER		
TO: Amendment Soution Division of Corpor	on rations			
NAME OF CORPOR	ATION: RCG EXPRESS C	ORP		· .
DOCUMENT NUMB	P17000051712			_;
	of Amendment and fee are su	ibmitted for filing.		:
i I	pondence concerning this ma			
		RUBEN CUELLO-GARCI	A	: ·
-		Name of Contact Person	1	.
		RCG EXPRESS CORP		· · · · · · · · · · · · · · · · · · ·
		Firm/ Company 6149 W 14TH LN		· :
		Address		· · · · · · · · · · · · · · · · · · ·
		HLALEAH, FL 33012		
		City/ State and Zip Cod	C	:
		laxmyc2001@yahoo.com		
)-mail address: (to be t	ised for future areaust report	notification)	
For further information	n concerning this matter, plea	se call:		
			640-0281	
LAXMY CHACON	of Contact Person	at (305	ode & Daytime Telephone	Number
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Enclosed is a check fo	r the following amount made	bayable to the Florida Debi	anificut of Sene.	•
\$35 Filling Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Foc &	☐\$\$2.30 Filing Fee Certificate of Status	:
	Cartificate of Status	Certified Copy (Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	
	į		is enclosed)	
Ma	Jing Address	Street	Address	:
	endment Section		dment Section	
	ision of Corporations		on of Corporations	
	. Box 6327 ahassee, FL 32314		n Building Executive Center Circle	
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		RCG EXPRE			:		:
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		P17000051712			:		
		(Document Number of	of Corporation (if know	n)			
 Pursuant to the provisi	ions of section 607.	 1006, Florida Statutes, this	s Florida Profit Corpor	ation adopts the i	Kollowing	ಚಾಧಾರ	; mcnt(s) :
ts Articles of Incorpor				·	:		
A. If sinceding nume	e, enter the new na	me of the corporation:					
					· ·	The n	.; ενε
name must be disting	uishable and con	tain the word "corporationalication "Corp." "Inc," or	on," "company," or	'incorporated" o	r inc ab	breviati petain	on
word "chartered." "p	rofexsional associa	tion," or the abbreviation	"P.A."	согрогиная лит	e musi ç	omain i	rit.
B. Enter new princip	oal office address.	if applicable:	6049 W 14TH LN				•
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address of each Officer a	and/or Director i if necessary)		director being remi	oved and title, name, and
P - President: V= Vice i	President: To Tri	first letter of the office title: easurer: S= Secretary: D= Director: TR+ LOfficer. If an officer/director holds more	 Trustee: C = Chairme than one title, list th	un or Clerk; CEO ₁ - Chief e first letter of each office
held. President, Treasure Changes should be noted	r. Director would In the following	he PTD. manner. Currently John Doe is listed as the on. Sally Smith is named the V and S. These	PST und Mike Jones	is listed as the V. There is
Mike Jones, V as Remove	; and Sally Smith,	SV as an Add.		
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·	⊻ <u>Mike !</u>			•
_X Add	SV Sally S	i <u>mith</u>		
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date this document was	kigned.	· ·	; : ;
Effective date if applie	06/16/2017	(
		(no more than 90 days after amendment	file date)
Nate: It the data ince	ted in this block d	oes not meet the applicable statutory filing req	nirements, this date will not be listed as the
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Adoption of Amendm	! 	(CHECK ONE)	
Adoption of Amendm		CHECKOSE	<u> </u>
		y the shareholders. The number of votes east fo	r the amendment(s _i)
by the shareholders	was/were sufficien	t for approval.	;
		by the shareholders through voting groups. The	
must be separately	provided for each v	oling group entitled to vote separately on the a	menament(s):
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scuon was not requi			·
		y the incorporators without shareholder action a	nd sharcholder
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Date	3- - 		:
Signi		it here.	
	(By pylitucion	president or other officer - if directors or office	
'		n incorporator - it in the hands of a receiver, tru uciary by that fiduciary)	stee, or other court
1	Sapposition 100		
! .	- 1 ! i		•
· 		RUBEN CUELLO-GARCIA	•
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