

P090000029758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

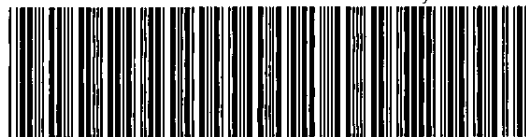
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



000155869360

*Amel*

05/20/09--01007--009 \*\*35.00

RECEIVED  
09 MAY 20 AM 10:28  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2009 MAY 20 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ASR*  
*5/20/09*

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. RBR MANAGEMENT INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:05    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

Articles of Amendment  
to  
Articles of Incorporation  
of

R B R MANAGEMENT INC

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

P09000029758

(Document Number of Corporation (if known))

FILED  
2009 MAY 20 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

14989 SW 22 ST

MIAMI

FL 33185

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

14989 SW 22 ST

MIAMI

FL 33185

**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:

RAMON ROBLES

14989 SW 22 ST

New Registered Office Address:

(Florida street address)

MIAMI

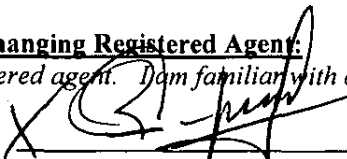
(City)

, Florida 33185

(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)*

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                         | <u>Type of Action</u>  |
|--------------|----------------|--|--|
| P            | ROBLES, RAMON  | 14989 SW 22 ST<br>MIAMI<br>FL 33185    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| VPS          | ROBLES, BIANKA | 14989 SW 22 ST<br>MIAMI<br>FL 33185    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| P            | VALDES, IBET   | 7070 WEST FLAGLER<br>MIAMI<br>FL 33185 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: 5-18-09

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 MAY 18, 2009

Signature X

(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)

RAMON ROBLES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)