

P1000003217S

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.

((H20000231499 3)))



H200002314993ABC/

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

RECEIVED

2020 JUL 17 AM 9:43

To:

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

From:

Account Name : ALL TOWN SERVICES LLC
Account Number : I20200000045
Phone : (305)916-8552
Fax Number : (305)402-0978

SECRETARY OF STATE
TALLAHASSEE, FL.

2020 JUL 17 AM 11:31

FILED

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
RACHELLJOSE CORP**

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

JUL 21 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RACHELLJOSE CORP

DOCUMENT NUMBER: P10000052175

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

Please return all correspondence concerning this matter to the following:

Elias Corvea
Name of Contact Person
RACHELLJOSE CORP
Firm/ Company
1638 Embassy Dr #102
Address
West Palm Beach FL 33401
City/ State and Zip Code
rachelljosecorp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yoandy Suarez at (954) 8046740
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

RACHELJOSE CORP

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

P10000052175

(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)

8100 Oak Ln #405

Miami lakes FL 33016

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

1638 Embassy Dr #102

West Palm Beach

Florida 33401

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 Elias Corvea

1638 Embassy Dr #102

(Florida street address)

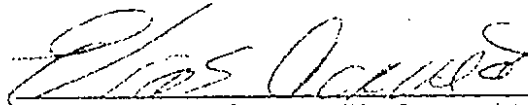
New Registered Office Address: West Palm Beach, Florida 33401

(City)

(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

Check if applicable☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

2020 JUL 17 AM 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

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 type="checkbox"/> Change	<u>P</u>	<u>Jose Ortiz</u>	<u>1105 6 ave S #3308 #102</u>
<input type="checkbox"/> Add			<u>Lake Worth Fl 33460</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Elias Corvea</u>	<u>1638 Embassy Dr #102</u>
<input checked="" type="checkbox"/> Add			<u>West palm Beach Fl 33401</u>
<input type="checkbox"/> Remove			<u>1638 Embassy Dr #102</u>
3) <input type="checkbox"/> Change	<u>Vp</u>	<u>Yoandy Suarez</u>	<u>West Palm Beach Fl 33401</u>
<input checked="" 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			

SECRETARY OF STATE
 2020 JUL 17 AM 11:31
 TALLAHASSEE, FL

FILED

2040 JUL 17 AM 11:31
SECURITY OF STATE
ALLAHABAD, FL

2020 JUL 17 AM 11:31
STONY BROOK POLICE
STONY BROOK, NY

FILED

The date of each amendment(s) adoption: 02-15-2018, if other than the date this document was signed.

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 not be listed as the document's effective date on the Department of State's records.

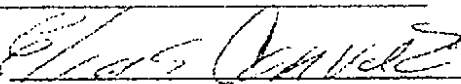
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 07-17-2020

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)

Elias Corvea

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 17 AM 11:31

FILED