P10000091265

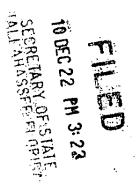
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11/22/10--01016--013 **35.00



Amend. 12/23/10 De December 2, 2010

RAFAEL A. RODRIGUEZ
OFICINA DE NEGOCIOS R.R. C.A. INC
703 VENTNOR DR.
WINDERMERE, FL 34786

SUBJECT: OFICINA DE NEGOCIOS R.R. C.A. INC

Ref. Number: P10000091265

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE PROVIDE A SPECIFIC TITLE FOR THE NEW OFFICER LISTED. IT MUST BE A TITLE SUCH AS, PRESIDENT (P), SECRETARY (S), VICE-PRESIDENT (V), TREASURER (T) OR DIRECTOR (D).

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell

Regulatory Specialist II Letter Number: 710A00027986

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida
32314

NEW FORM WITH CORRECTION ENCLOSED, THANK YOU

22 AM 9: L

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION:	OFICINA DE NEGOCIOS R.R. C.A. INC	
DOCUMENT NUMBER:		P10000091265	
The enclosed Article	es of Amendment an	fee are submitted for filing.	
Please return all cor	respondence concern	ng this matter to the following:	
_		RAFAEL A RODRIGUEZ	
		Name of Contact Person	
	OFICI	IA DE NEGOCIOS R.R. C.A. INC	
_		Firm/ Company	
		7036 VENTNOR DR	
_		Address	
		WINDERMERE FL 34786	
_		City/ State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	
For further informat	ion concerning this n	atter, please call:	
RAFAE	L A RODRIGUEZ	at (407) 558-5966	
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check	for the following am	unt made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Statu	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is	enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OFICINA DE NEGOCIOS R.R. C.A. INC

(Name of Corporation as curren	the filed with the Florida		
•		Dept. of State)	
	00091265		
(Document Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida	rida Profit Corporation add	opts the following
A. If amending name, enter the new name of t	he corporation:	•	
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profe	lesignation "Corp," "Inc,"	or "Co". A professional of	ed" or the corporation
B. Enter new principal office address, if applie	cable:		
Principal office address <u>MUST BE A STREET</u>	(ADDRESS)	P.V.	3
			3 R 70
	***************************************		2 2
		\$5. \$3.	2 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		EC 22 PH 3:27
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			2
			graph Contraction
D. If amending the registered agent and/or reg new registered agent and/or the new register		Florida, enter the name of	<u>the</u>
new registered agent and/or the new registe	ered office address.		
Name of New Registered Agent:			
		•	
New Registered Office Address:	(Florida street add	dress)	
	•	, Florida	-
-	(City)	(Zip Code)	
	•	, , , , , , , , , , , , , , , , , , ,	
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		d accent the obligations of th	na position
nerevy accept the appointment as registered ago	om 1 am jamutar wun and	a accept the obligations of th	ве розинон.
Sio	nature of New Registered A	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>	Address	Type of Action
<u>D</u>	CARLOS E LUDERT	7052 VETNOR DR WINDERMERE FL 34786	
·			
·	***	· · · · · · · · · · · · · · · · · · ·	 .
	ing or adding additional Articles, e		
			4
provisio		, reclassification, or cancellation of nt if not contained in the amendmen	
(ij ne	n applicable, indicale 14/A)		
·			
· · · · · · · · · · · · · · · · · · ·			
			and the state of t

The date of each amendmen	t(s) adoption: 11/15/2010
Effective date if applicable:	(date of adoption is required)
•••	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
Dated 11/1 Signature	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	RAFAEL A RODRIGUEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)