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2021 MAR 30 AM 8: 07
SECRETARY OF STATE
TALLAMASSEE, FL

001

$\underset{\neq}{\underline{COVER\ LETTER}}$

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: RUMASINA COF	RPORATION	
DOCUMENT NUMB			
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
		ALICIA GARC	IA
-	·	Name of Contact	Person
	I	RUMASINA CORPO	RATION
-		Firm/ Compa	ny
	555	NE 15th STREET S	UITE 100
-		Address	
	;	MIAMI, FLORIDA 3	3132
-		City/ State and Zip	r Code
	AGA	ARCIA@PEGASOCO	DRP.COM
-	E-mail address: (to be u	_	
For further information	concerning this matter, plea	se call:	
ALICIA GARCIA		at (5 576-7800 ea Code & Daytime Telephone Number
Name o	f Contact Person	Ar	ea Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida	a Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status
Amei Divis	ing Address ndment Section ion of Corporations Box 6327	Ā D	treet Address .mendinent 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

FILED

RUMASINA CORPORATION			2021 HAR 30	AH 8: 07
(Name of Corporation	as currently filed v	yith the Florida	Dept. of State)	
P11000012608			SECRETARY	OF STATE
(Documen	it Number of Corpoi	ration (if known		
Pursuant to the provisions of section 607,1006. Florida St ts Articles of Incorporation:	tatutes, this <i>Florida</i>	Profit Corporat	ion adopts the foll	owing amendment(s
A. If amending name, enter the new name of the corp	oration:			
				The new
name must be distinguishable and contain the word "corportine," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A profes	e," or "incorpore sional corporat	ated" or the abbre ion name must c	viation "Corn "
3. Enter new principal office address, if applicable:		· <u> </u>		
Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)			
			-	
	-			
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
				
			<u>-</u> .	
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 		<u>lorida, enter th</u>	e name of the	
Name of New Registered Agent				
				
	(Florida street addre	(XX)		
Vina Brain and Office Addison		,	rsi : 1	
New Registered Office Address;	(City)		Florida	(Ziv Code)
New Registered Office Address;	(City)	3.3)	Florida	
Registered Agent's Signature, if changing Registery	ered Agent:		ontinuo of the end	
hereby accept the appointment as registered agent. Lar	m jamuuar with and	accept the oblig	ations of the posit	10 <i>n</i> .
	and Marie December of	1		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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

X Change	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	P	_	Francisco M Martinez-Miyashiki	555 NE 15th Street Suite 100
Add				Miami, Fl 33132
Remove				
2) X Change	D	_	Francisco Martinez-Celeiro	555 NE 15th Street Suite 100
Add				Miami. Fl 33132
Remove 3.) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach ada	ig or adding ad litional sheets, j	f necessary).	(Be specific	iange(s) ner ')	<u>e</u> .			
N/A	,,	•						
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·								
	 							
F. <u>If an amen</u>	<u>dment provide</u>	es for an exch	ange, reclass	sification, or	cancellation	of issued sha	res,	
provision: (if not	s for implement applicable, ind	ting the amer	nd <u>ment if no</u>	t contained	<u>in the amend</u>	ment itself:		
N/A	tippinetane, int	neure .w.ry						
-			 -					
			<u></u>					
					<u>-</u>			
								

	03/22/2021	
The date of each amendment(s) date this document was signed.	adoption: \	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date because of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
03/22/202 Dated Signature		
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Franicisco M Martinez-Miyashiki	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	