(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Žip/Phone	e #)
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And R. WHITE NOV 15 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:RMLE EN	CTERPRISES INC	
DOCUMENT NUMBI	ER:P110000	024838	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	STEVEN COOPER		
<u></u>		Name of Contact Persor	1
	SJ COOPER & ASSOC	CIATES	
_		Firm/ Company	
• •	4001 SANTA BARBA	RA BLVD #366	
-		Address	
	NAPLES, FL 34140		
_		City/ State and Zip Code	e e
S ^r	TEVEN@SJCFINANCE.CC)M	
	-	sed for future annual report	notification)
For further information MICHAEL EYS	concerning this matter, pleas		218-6848
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number
	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle
		Tallahassee, Ft. 32301	

Articles of Amendment Articles of Incorporation of

FILED 2018 NOV -7 PM 12: 15

RMLE ENTERPRISES INC

ENTERPRISES INC

SECRETARY

(Name of Corporation as currently filed with the Florida Deput Au State) N. G. S. [ATE]

(Name of Corporation as currently filed with the Florida Deput Au State) N. G. S. [ATE] P 11000024838

ts Articles of Incorporation:		
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A profession	or "incorporated" or the abbreviation onal corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or register		nter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registared Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ic 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)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice President; \ V = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: <u>X</u> Change	<u>PT</u> <u>J</u>	John Doe	
X Remove	<u>v</u> .	Mike Jones	
\underline{X} Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	VEETRICE BANKS	11125 PARKS BLVD
X Add		-	STE 104-106
Remove			SEMINOLE, FL 33772
2) Change			
Add			
Remove			
3.1 Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
•	

The date of each amendment(s) adoption	Y:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block dedocument's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.	
☐ The amendment(s) was/were approved by must be separately provided for each vi-	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	,·"	
	(voting group)	
■ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
10/29/2018 Dated		
Signature H. C.	ael Eyster	_
(By a director, selected, by ar	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court aciary by that fiduciary)	
MICI	HAEL EYSTER	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	