## P11000069654

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(Address)				
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(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: RACHMAR	RC, INC			
DOCUMENT NUMB	D1100006066				
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	MARCOS CABEZOLA				
_		Name of Contact Person	1		
	RACHMARC, INC				
_		Firm/ Company			
	3011 32NS ST W				
_		Address			
	LEHIG	SH ACRES, FL.	33971		
<del>-</del>		City/ State and Zip Cod	e		
	rachm	narcinc@yahoo.	com		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Marcos Cabezola		at (239	491 4890		
Name of	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)		
<b>Mailing Address</b>			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RACHMARC, INC		· · · · · · · · · · · · · · · · · · ·	<u></u>
(Name of Corporation as currently	y filed with the Florida De	ot, of State)	
P11000069654		· · · · · · · · · · · · · · · · · · ·	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A p		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		······································	_
	<del></del>	<u> </u>	
C. Enter new mailing address, if applicable:	n a va		O haman
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u></u>	7.2	
	·		
			<u>교</u> 교
D. If amending the registered agent and/or regis	stered office address in Flo	rida, enter the name of the	
new registered agent and/or the new register		-	
Name of New Registered Agent			
<del></del>	(Florida street address,	)	
New Registered Office Address:		, Florida	***
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing F			
I hereby accept the appointment as registered agen	nt. I am familiar with and ac	ccept the obligations of the position	I.
<del></del>			
Signature of	New Registered Agent, if ch	anging	

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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	Р	IDALMIS	S VEGA	3011 32ND ST W
Add				LEHIGH ACRES, FL 33971
Remove				
2) Change	<u></u>	- Application of the State of t		
Add				<del> </del>
Remove				
3) Change				
Add				
Remove				
4) Change	<del></del>	***************************************		
Add				
Remove				
5) Change	4-1-11-	<u> </u>		
Add				
Remove				
6) Change		_		
Add			<del></del>	
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
	<del></del>
**************************************	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<del>-</del>
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adopt date this document was signed.	ition:		, if other than the
Effective date if applicable:			
Effective date in applicable:	(no more than 9	00 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were suffice		e number of votes cast for the amendn	ient(s)
		ough voting groups. The following sto vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/wer	re sufficient for approval	
by		,"	
	(voting group)		
The amendment(s) was/were adopte action was not required.	ed by the board of directors	without shareholder action and share	ıolder
The amendment(s) was/were adopte action was not required.	d by the incorporators with	nout shareholder action and sharehold	ो । जिल्ला
Dated 08/10/201	3		
Signature	Alth		•
(By a direc		cer - if directors or officers have not b	
	by an incorporator – if in the fiduciary by that fiduciary)	e hands of a receiver, trustee, or other	court
арроппец	inductary by that inductary,	^	
<u>M</u>	arcos Cabezola		
	(Typed or p	orinted name of person signing)	
P	resident	· Maria	
	(Ti	tle of person signing)	