

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JOSE PEREZ Account Number : I20130000083

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN RAFARIN INC

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Corporate Filing Menu

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	COARK LELLEK			
TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: RAFARI	N INC			
DOCUMENT NUMBER: P12000073	569			
The enclosed Articles of Amendment and fcc are sul	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
SONIA BOTER	RO			
JP GLOBAL BU	Name of Contact Person USINESS SO			
7325 NW 36TH				
MIAMI FL 3316		- <u>-</u>		
	City/ State and Zip Code	;		
MASTER@JPGBI	MASTER@JPGBUSINESS.COM			
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, pleas	o call:			
RAFAEL RINCON	_{ut} 305	4360093		
Name of Contact Person	Arca Cox	ie & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State;		
\$35 Filing Fee \$Certificate of Status	☐\$43.75 Filing Pee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Address		
Amendment Section Division of Corporations		ment Section n of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RAFARIN INC	
(Name of Corporation as currently filed with the F	logida Dept. of State)
P12000073569	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this at Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The nsw
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "charlered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	1633 E VINE ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE 214
	KISSIMMEE FL 34744
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1633 E VINE ST
(the matter of the party of the party of the party of the party)	STE 214
	KISSIMMEE FL 34744
D. If amending the registered agent and/or registered office adding new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida su	roet addrexm)
New Registered Office Address:	, Florida 💆 📆
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	4
I hereby accept the appointment as registered agent. I am fumiliar	with and accept the obligations of the position. CT CT
Signature of New Registered	Agent, if chunging

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:

I' = 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 PID.

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	SY	Sally Smith	
Type of Action (Check Onc)	<u>Title</u>	Name	<u>Address</u>
1) Change	P	RINCON RAFAEL E	1633 E VINE ST STE 214
☐ ∧dd			KISSIMMEE FL 34744
Remove			
2) Change	VP	RINCON ERNESTO J	1633 E VINE ST STE 214
Add			KISSIMMEE FL 34744
Remove			
3) Change	D	RINCON RAFAEL E	1633 E VINE ST STE 214
Add			KISSIMMEE FL 34744
Remove			
4) Change			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Be specific)
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hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(n adoption: 04/04/2014	, if other than the
date this document was signed.	7	,, ir other than the
Effective date <u>if applicable</u> :	04/04/2014	
	(no more than 90 days after umendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Dated 04/	Palut Emon	
(By	a director, president or other officer — if directors or officers have not been exted, by an incorporator — if in the hands of a receiver, trustee, or other court so inted fiduciary by that fiduciary)	
	RINCON RAFAEL E	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	