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COVER LETTER

* TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOUTH DADE SE	CURITY ADN LEARNIN	FG CENTERINC.
	BER: P12000089965		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROCHENEL MARC		
		Name of Contact Persor	1
	SOUTH DADE SECURITY AND LEARNING CENTER INC. Firm/ Company		
	241 N FLAGLER AVE		
		Address	
	HOMESTEAD, FL 33030		
		City/ State and Zip Code	2
	SOUTHDADESECUR242@	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
Nor further information	on concerning this matter, pleas	ra an II.	
roi tuttiet informatie	on concerning any matter, pieas	se can.	
ROCHENEL MARC		at (281-9518
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOUTH DADE SECURITY & LEARNING CENTER INC

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
P12000089965		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new na	ame of the corporation:	
R&M INSTITUTE &FINANCIAL GRO	UP INC.	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contraction "Chartered," "professional association."	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address.	ipal office address, if applicable: 241 N FLAGLER AVE	
(Principal office address MUST BE A STREET ADDRESS)		HOMESTEAD, FL 33030
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		SAME PH 8: 03
		B: 0
		• • •
D. If amending the registered agent ar new registered agent and/or the new		
Name of New Registered Agent	ROCHENEL MARC	
	(Florida s	treet address)
New Registered Office Address:	241 N FLAGLER AVE	HOMESTEAD FL 33030
	(City) (Zip Coo	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing

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, ar address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

1

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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hel 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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		N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amendment itsert.
	ER PROVIDE SECURITY CLASS FOR D LICENSE.
XCHANGE FOR MULTI-SERVICES, S	UCH AS INCOME TAX, TANSLATIONS DOC, FILING IMM, FORMS
'EU TRAINING AND MORE.	

05/07/2020 The date of each amendment(s) adoption: , if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 (voting group) 05/07/2020 Dated Signature (By a director) president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) ROCHENEL MARC (Typed or printed name of person signing) PRE3SIDENT

(Title of person signing)