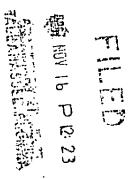
## P1200098376

<u>I</u> l
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RAINERI SFP @	ÖRP.
DOCUMENT NUMBER: P12000098376	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this in	atter to the following:
TINA RAINERI	
RAINERI SFP CORP.	Name of Contact Person
1409 SE 5TH CT.	Firm/ Company
FT. LAUDERDALE, FL 3	Address 3301
tinarainerisfp@gmail.com	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
TINA RAINERI	at ( 531-8681
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RAINERLSEP CORP

KAINEKI SEL COKE,	1944	į			
(Name	of Corpor	ation as currently	filed with the Florida Der	ot. of State)	
P12000098376					
	(D <b>oc</b>	ument Number of (	Corporation (if known)		
Pursuant to the provisions of section 607, ts Articles of Incorporation:	.1006, Flo	rida Statutes, this <b>F</b>	lorida Profit Corporation a	adopts the following a	amendment(s) to
A. If amending name, enter the new na	ame of the	corporation:			
N/A	Ī				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the mation "Go ation," or t	vord "corporation, rp," "Inc," or "C he abbreviation "P	" "company," or "incorp o". A professional corpor A."		'he new reviation ntain the
B. Enter new principal office address,	if applical	 ble:	N/A		
(Principal office address <u>MUST BE A S</u>					
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE)	B <i>OX</i> )	N/A		
). If amending the registered agent an new registered agent and/or the new			ss in Florida, enter the na	me of the	<del></del>
-	N/A				
Name of New Registered Agent		· -			
		(Florida stree	t address)		
New Registered Office Address:	N/A			_, Florida	
New Registered Agent's Signature, if cl hereby accept the appointment as regist	hanging R ered agent	legistered Agent:	ity) th and accept the obligation	(Zip Coa	de)
				D D D	
	Si	gnature of New Reg	istered Agent, if changing	33	

address of each Officer (Attach additional sheets	and/or l , if neces	Director being adde	ed:	orneer/director being removed and title, name, and
Executive Officer; CFO	Presiden = Chief	t; T= Treasurer: S= Financial Officer.	Secretary; D= Director;	TR = Trustee; $C = Chairman or Clerk$ ; $CEO = Chief$ more than one title, list the first letter of each office
held. President, Treasure Changes should be notea			urrently John Doe is listed	as the PST and Mike Jones is listed as the V. There is
a change, Mike Jones led Mike Jones, V as Remove Example:	ives the c	corporation, Sa <b>lly</b> Sn	nith is named the $V$ and $S$ .	These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam<b>e</b></u>		Address
1) Change	<u>v</u>	NIGOLA	AS RAINERI	1409 SE 5TH CT.
X Add				FT. LAUDERDALE, FL 33301
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				<del></del>
4) Change				
Add				
Remove				
5/ Change				
Add			····	
Add				
KCHIOYC				
Change		- <u>                                     </u>		
Add				<del></del>
Remove				

E. If amending or adding additional Art	
(Attach additional sheets, if necessary). THIS AMENDMENT IS TO ADD NICO	
F. If an amendment provides for an exclusions for implementing the ame	hange reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/Λ	
·	

i i	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Enective date it applicable.	no more than 90 days after amendment file date)
	, and the state of
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 St	le's records.
Adoption of Amendment(s) (CHE	EK ONE)
<u> </u>	
The amendment(s) was/were adopted by the sha	reholders. The number of votes cast for the amendment(s)
by the shareholders was/were sufficient for app	roval.
The amendment(s) was/were approved by the st	archolders through voting groups. The following statement outpenties on the amendment(s):
musi ve separatety provided for each voling gr	pup entitiea to vote separatety on the amenament(s). 
"The number of votes cast for the amenda	ll pent(s) was/were sufficient for approval
by	."
(voting	group)
· · · · · · · · · · · · · · · · · · ·	rd of directors without shareholder action and shareholder
action was not required.	
	orporators without shareholder action and shareholder
action was not required.	
- uhim	
Daired—'-/-/	<u>                                     </u>
Signature	
	nt or other officer – if directors or officers have not been
selected, by an incorp	hrator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by	that fiduciary)
TINA RAINE	II RI I
(Ty	ped or printed name of person signing)
PRESIDENT	
	(Title of person signing)