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R. WHITE OCT 2 5 2018



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: $R_{oca}$ F	Tueste Carnoration
DOCUMENT NUMBER: 46-244	-
The enclosed Articles of Amendment and fee are su	
Please return all correspondence concerning this ma	ntter to the following:
Fidel 6	7 natio
	Name of Contact Person
	Firm/ Company
4934 5	W 143 C+.
	W 143 C+. Address
Miani	FL 33175
	F L 33175 City/ State and Zip Code
For further information concerning this matter, plea	sed for future annual report notification) se call:
Fidel Analco	at ( 954 ) 658 - 3138  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	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) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation FILED

	Articles of Inco	orporation [		
Dr. C.	1) Joseph	CLO MIRO	H 181/PM 4: 09	
(Name of Cor	poration as currently	filed with the Flo	orida Dent. of States	
		SEUN TAL	LAHASSEE, FL	•
	Document Number of			
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this F	Florida Profit Cor <sub>l</sub>	poration adopts the fo	llowing amendment(s
A. If amending name, enter the new name of	f the corporation:			
				The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	lo". A profession		
3. Enter new principal office address, if app		· <del></del>		
Principal office address <u>MUST BE A STREE</u>	T ADDRESS )			
Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFFI</u>	(E BOX)	-		
				<del></del>
			<del>_</del>	
). If amending the registered agent and/or inew registered agent and/or the new regis			er the name of the	
Name of New Registered Agent				
Name by New Negatier Co. Agent				
<del></del>	(Florida stre	ret address)		
New Registered Office Address:			Florida	
New Registered Office Madress.		City)	, Florida	(Zip Code)
lew Registered Agent's Signature, if changi hereby accept the appointment as registered of		ith and accept the	obligations of the pos	sition.
. , , , , ,	w v	ī		
	C/			<del></del> _
	Signature of New Re	egisterva Agent, tf	cnanging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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> <u>Joh</u>	un Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Michael Analo	4934 SW 143 Ct.
X Add			Miami, FL 33175
Remove			
2) Change		Angelica Analw	4934 SW 143 Ct.
X Add		J	Miami, FL 33175
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<mark>ing or adding additi</mark> Iditional sheets, if neo	cessary). (Be spec	cific)			
				<del></del>		·
<del> </del>		<del>-,-,</del>				
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		_	<del></del>			
	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	-
f an ame	ndment provides fo	r an exchange, rec	lassification, or	cancellation of is:	sued shares,	
provisioi	ns for implementing of applicable, indicat	the amendment ii	not contained if	i the amendment	itsell:	
(i) m	и иррисате, так ш	(1021)				

The date of each amendment(s) adoption: () ctober 15, 2018  date this document was signed.	, if other than t
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 vidocument's effective date on the Department of State's records.	vill not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
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	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated October 15, 2018	
Signature HNALCO  (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)	
Fidel Analo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>