P13000057988

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RD & YD ASSOC	CIATES, INC.	
DOCUMENT NUMBER: P13000057988		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
RUBEN DIAZ		
RD & YD ASSOCIATES, II	Name of Contact Person	
12476 SW 117ГН СТ	Firm/ Company	
MIAMI, FL. 33186	Address	
	City/ State and Zip Code	•
ALAIRICHIN@AOL.COM		
E-mail address: (to be u	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
RUBEN DIAZ	786 at (222-0905
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RD & YD ASSOCIATES, INC.

(Name of Corporation	n as currently	filed with the Florid	a Dept. of Stat	<u>e</u>)
P13000057988				
(Docume	ent Number of	Corporation (if knows	1)	
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this F	lorida Profit Corport	ution adopts the	following amendment
A. If amending name, enter the new name of the cor	poration:			v.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "C	'o". A professional o		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Q			
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		ss in Florida, enter 1	he name of the	1
Name of New Registered Agent				
-				
	(Florida stree	et address)		
New Registered Office Address:	(0	City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I		ith and accept the obl	igations of the p	15 OCT 26
Signa	ture of New Re	gistered Agent, if cha	nging	3

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.

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	VP	OSPINA, RICHARD	6890 SW 19 ST
X Add			MIAMI, FL 33155
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Aud			

	i <mark>g or adding addi</mark> litional sheets, if n						
				_			

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provision	adment provides f s for implementing t applicable, indica	ng the amendme	, reclassificati ent if not cont	on, or cancellat ained in the am	ion of issued sh endment itself:	ares,	
							<u>-</u>
,							

i de ubie of encu himenoment(s) s	aoption:, if other	than the
date this document was signed.		
	01/2015	
Effective date <u>if applicable:</u>	(no more than 90 days after amendment file date)	
	(no more truit 50 days after amenament file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.	d as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated /0/20	120 K	
Signature		
selecte	lirector president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
·.	RUBEN DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	