P13000071196

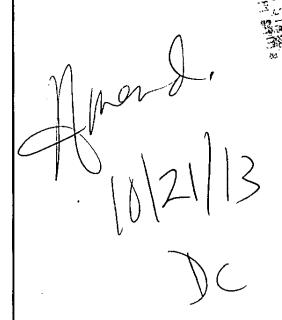
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		TERNATIONAL	CORP
DOCUMENT NUM	BER: P130000711	96	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	(CARLOS FIGUE	IRA
	.	Name of Contact Perso	n
	CLFC	AND ASSOCIA	TES LLC
		Firm/ Company	
	41 SE 5 STREET	Г# 517	
		Address	
		DORAL, FL 331	66
		City/ State and Zip Cod	
	INFO@CLF	CSOLUTIONS.C	COM
		sed for future annual report	
For further informatio	n concerning this matter, pleas	se call:	
CARLOS FIG	GUEIRA	at (786	, 252-1830
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 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			Address Iment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation

R.A.B.A INTERNATIONAL CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P13000071196

(Document Number of Cor	rporation (if know	wn)				
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this <i>Flori</i> d	da Profit Corporatio	on adopts the	following	amend	ment(
A. If amending name, enter the new name of the corpo	oration:					
name must be distinguishable and contain the word "c" "Corp.," "Inc.," or Co.," or the designation "Corp.," ", word "chartered," "professional association," or the abb	Inc," or "Co".	A professional cor		or the ab		ion
B. Enter new principal office address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>				
	_			2	13	
C. Enter new mailing address, if applicable:				1000	CT	# ************************************
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_			1,17 (ex	5	31 Table 1
	_					erangus History
				4.1	<u> </u>	\$7.0 mg
D. If amending the registered agent and/or registered of new registered agent and/or the new registered of fice		ı Florida, enter the	name of the		la 32	geree.
Name of New Registered Agent	<u>.</u> .					
	(Florida street ad	dress)				
New Registered Office Address:		, Flo				
	(City)		(Zip C	Code)		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		nd accept the obliga	tions of the p	osition.		
Signature of New Re	Projetored Agent	if changing				

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.

Example: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	JOHAN BENLOLO	41 SE 5 STREET # 517
Add			MIAMI, FL 33131
Remove			
2) Change		ROSA ABRUSCI	41 SE 5 STREET # 517
Add			MIAMI, FL 33131
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

taen <i>aauttonal sheets</i>	additional Articles. if necessary).	(Be specific)			
					
					-
					·
. .		-			
					
<u>an amendment provi</u>	ides for an exchar	nge, reclassificat	<u>ion, or cancella</u>	tion of issued sl	nares,
<mark>rovisions for implem</mark> (if not applicable, i	enting the amend	lment if not con	ained in the an	<u>iendment itself:</u>	
(i) not applicable;	Marcare 1071)				
					

The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:	08/20/13	
<u></u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 10/0	01/2013	
Signature		<u></u>
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JOHAN BENLOLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 -