## P13000093005

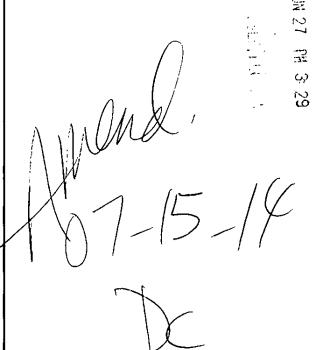
(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corpor			
		()	
NAME OF CORPORA	ATION:	RP JUPPly &	2 SERVICES IN.
DOCUMENT NUMBI	er: <u>P/3C</u>	00093C	05
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
•	MR.	Roberto	Doove
<del>-</del>		Name of Contact Person	1
_	INCORP	SUPPly 5	Services Inc.
	1	Firm/Company	
_	<u> </u>	D NW S	17th St #101
	$\lambda$	Address	2
_	Long		53/12.
		City/ State and Zip Code	e /
	Inte	ON CHIZI	reextion by
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se cali:	
1/2/			
Me Kobe	erto Augu	E at 782	503-5080
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)
•••	ng Address		Address

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation

INCORP S	UPPly &	SERVICES	ZNC.	
(Name of Corporation as curren	tly filed with the Flo	rida Dept. of State)		-
130000	73005			_
(Document Numb	er of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporatio	on adopts the following	ig amendment(s) t
A. If amending name, enter the new name of t	he corporation:			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "C	o". A professional cor		bbreviation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		NA		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <i>BOX</i> )	N/B		-
				- <u></u>
D. If amending the registered agent and/or renew registered agent and/or the new registered		ss in Florida, enter the	name of the	™ 27
Name of New Registered Agent	$\mathcal{N}_{f}$	<u> </u>		
	(Florida stree	et address)	<del></del>	29
New Registered Office Address:		, Flo	rida	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered ag		th and accept the obliga	tions of the position.	
Signature	of New Registered As	ent 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title Name  VP CAROLINA V. BORYAS	10570 NW 27 th S. S. H. H/01  Donal, FL, 3317
2) Change Add		
Remove 3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

	ng or adding ac			nge(s) here:	_		_
(Attach ad	ditional sheets,	•	(Be specific)				1
	1/2	POSE	$A \rangle \mathcal{D}$	/es.	CAROLI	na V.	1 Dra
<u> </u>	1/	/	7	$\frac{1}{1}$	CAROLLE'S		
75	VP	01	Loco	RPSU	PHYEL	envice	SZZ
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f an ame	ndment provide	es for an exch	ange, reclassif	cation, or can	cellation of issue	d shares,	
provision	ns for implemen	ting the ame	ndment if not o	ontained in th	e amendment its	elf:	
(if ne	ot applicable, in			1	9		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 00/24/2014.	
(no more than 90 days after amendment file date)	-
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"	
(voting group)	
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 0/24/20/4	
Signature fatour to tuget	········
(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)	
Roberto L. Du Que.	
(Typed or printed name of person signing)	<del></del>
PRESIDENT.	
(Title of person signing)	