## P1400048626

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



900321572099

12/10/18--01018--017 \*\*43.75

TAIL BEC TO PRINT IS

DEC 11 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP                            | ORATION: R & G GONZALE   | Z, CORP.   |  |
|---|--|--|--|
|   | MBER:  |  |  |
| The enclosed Artic                      | des of Amendment and fee are sub   | omitted for filing.  |  |
| Please return all co                    | rrespondence concerning this mat   | ter to the following:  |  |
|   | ROLANDO GONZALEZ RI  | VERA   | 7)   |
|   |  | Name of Contact Person   |  |
|   | ROLANDO GONZALEZ R/  | R & G GONZALEZ, COR  | P  |
|   |  | Firm/ Company  |  |
|   | 990 SW 4TH STREET APT-   | 07   | ·  |
|   |  | Address  |  |
|   | MIAMI DADE, FLORIDA  | 33130-2275   |  |
| City/ State and Zip Code                |  |  |  |
|   | rolandogonzalez516@gmail.  | com  |  |
| -                                       |  | sed for future annual report                                       | notification)  |
| For further information                 | ation concerning this matter, pleas  | se call:   |  |
| ROLANDO GONZALEZ RIVERA                 |  | at (   | _) 222-6574  |
| Na                                      | me of Contact Person   | Arca Co  | de & Daytime Telephone Number  |
| Enclosed is a chec                      | k for the following amount made  | payable to the Florida Depa  | artment of State:  |
| _                                       | 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)       |
| RECEIVE                                 | Maliting Address Amenorment Section Division of Corporations P.O-Bex 6327 Talinassee, FL 32314 | Ameno<br>Divisio<br>Cliftor<br>2661 E                              | Address  Iment Section on of Corporations I Building Executive Center Circle assee, FL 32301 |
| 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | ຕ<br>ພ   |  |  |

## Articles of Amendment to Articles of Incorporation of

| P14000048626  |                        |                            |  |                                   |
|---|------------------------|----------------------------|--|-----------------------------------|
|   | oration as current     | ly filed with the Fl       | orida Dept. of State)                        | ı                                 |
|   |                        | <u> </u>                   |  |                                   |
|   | Document Number        | of Corporation (if kn      | nown)  |                                   |
| Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:   | Florida Statutes, this | s Florida Profit Cor       | poration adopts the fo                       | ollowing amendment(s) t           |
| A. If amending name, enter the new name of  | the corporation:       |                            |  |                                   |
| N/A.  |                        |                            |  | The new                           |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," or  | "Corp," "Inc," or      | "Co", A projessio          | or "incorporated" of<br>nal corporation name | the abbreviation must contain the |
| B. Enter new principal office address, if appl  | icable:                | N/A.                       |  |                                   |
| (Principal office address MUST BE A STREET  | (ADDRESS               |                            |  | <del></del>                       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered.) | egistered office ad    | N/A.  dress in Florida, en | nter the name of the                         | 18 DEC 10 PH "1: 18               |
|   | E (ROLANDO GO          |                            |  |                                   |
| Name of New Registered Agent  |                        | <u> </u>                   |  | <del></del>                       |
| SAM   |                        |                            |  |                                   |
|   | •                      | street address)            |  |                                   |
| New Registered Office Address:  | E                      | <del></del>                | , Florida_                                   | (Zip Code)                        |
|   |                        | (City)                     |  | (Zip Code)                        |

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, s Remove, and Sally Smith. SV as an Add.

| Mike Jones, V as Kemove    | e, ana sauy smun         | , Sr us un Aua. |                       |  |
|----------------------------|--------------------------|-----------------|-----------------------|--|
| Example: X Change          | <u>PT</u> <u>John I</u>  | John Doe        |                       |  |
| X Remove                   | <u>V</u> <u>Mike</u> .   | Mike Jones      |                       |  |
| X Add                      | <u>SV</u> <u>Sally</u> : | <u>Smith</u>    |                       |  |
| Type of Action (Check One) | <u>Title</u>             | <u>Name</u>     | <u>Addres</u> s       |  |
|                            | V/PRES 🏗                 | MAYKEL CRUZ     | 12241 SW 186TH STREET |  |
| Change X Add               |                          |                 | MIAMI, FLORIDA 33177  |  |
| Remove                     |                          |                 |                       |  |
| 2) Change                  |                          |                 |                       |  |
| Add                        |                          |                 |                       |  |
| Remove                     |                          |                 |                       |  |
| 3) Change                  |                          |                 |                       |  |
| Add                        |                          |                 |                       |  |
| Remove                     |                          |                 |                       |  |
| 4) Change                  |                          |                 |                       |  |
| Add                        |                          |                 |                       |  |
| Remove                     |                          |                 |                       |  |
| 5) Change                  |                          |                 |                       |  |
| Add                        |                          |                 |                       |  |
| Remove                     |                          |                 |                       |  |
| 6) Change                  |                          |                 |                       |  |
| Add                        |                          |                 |                       |  |
| Remove                     |                          |                 |                       |  |

|              | nending or adding additional Artic<br>ch additional sheets, if necessary). | (Be specific)  |
|--------------|--|--|
| /A           |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
| _            |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
| <del>-</del> |  |  |
| <del></del>  |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              |  |  |
|              | n amendment provides for an excl   | hange, reclassification, or cancellation of issued shares, |
| If ar        | -wisions for implementing the ame  | endment if not contained in the amendment itself:          |
| If an        | (if and applicable indicate N/4)   |  |
| pro          | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |
| If ar        | (if not applicable, indicate N/A)  |  |
| pro          | (if not applicable, indicate N/A)  |  |

|  | NOVEMBER1st 2018  | , if other than the                      |
|--|---|--|
| The date of each amendment(s) a  | doption:  | , it other than the                      |
| date this document was signed.   | NOVEMBER 1st 2018   |  |
| Effective date <u>if applicable</u> :  | <u> </u>  |  |
|  | (no more than 90 days after amendment file date   | e)                                       |
| Note: If the date inserted in this ledge document's effective date on the De | block does not meet the applicable statutory filing requirement partment of State's records.  | nts, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |  |
| The amendment(s) was/were ad<br>by the shareholders was/were st              | opted by the shareholders. The number of votes cast for the an afficient for approval.  | nendment(s)                              |
| ☐ The amendment(s) was/were ap must be separately provided for               | proved by the shareholders through voting groups. The follows each voting group entitled to vote separately on the amendment  | ing statement<br>ent(s):                 |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval   |  |
| 100%   | ."'   |  |
| oy   | (voting group)  |  |
| ☐ The amendment(s) was/were ad action was not required.                      | opted by the board of directors without shareholder action and  | sharcholder                              |
| ☐ The amendment(s) was/were ad action was not required.                      | opted by the incorporators without shareholder action and shar  | eholder                                  |
| NOVEM  | BER 1st 2018  |  |
| Dated  | 1 w   |  |
| (By a<br>select  | director, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, on the hands of a receiver, trustee, or need induciary by that fiduciary) | e not been<br>r other court              |
|  | ROLANDO GONZALEZ  |  |
|  | (Typed or printed name of person signing)   |  |
|  | PRESIDENT   |  |
|  | (Title of person signing)   |  |