P150000 15713

(Re	equestor's Name)	
(A	ddress)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Y SULKER MAY 27 2020

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: RAFAEL H SERVICE CORP DOCUMENT NUMBER: P15000015713 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ONELIA CERVANTES** Name of Contact Person RAFAEL H SERVICE CORP Firm/ Company **4801 SW 6 STREET** Address CORAL GABLES, FL 33134 City/ State and Zip Code onelia1969@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 269-7994

Area Code & Daytime Telephone Number **ONELIA CERVANTES** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name o	of Corporation as currently	filed with the Florida Dept. of State)			
P15000015713					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following	ig amendme	ent(s) t	
A. If amending name, enter the new name, enter	**		The new	,	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	on "Corp"	•	
B. Enter new principal office address,		134 SW 30 CT			
(Principal office address MUST BE A S	TREET ADDRESS)	MIAMI, FL 33135			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		134 SW 30 CT			
		MIAMI, FL 33135			
D. If amending the registered agent an new registered agent and/or the new			2020 MAY 1 I	777	
Name of New Registered Agent 134 SW 30 CT			.	=	
	(Florida stre	et address)	·, 	י רדו	
New Registered Office Address:		331 <u>35</u> 7 . Florida	PH 2	\Box	
	(City)	Code		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position. gistered Agent, if changing	_		
/	Signature of New Re	gisierea Ageni, ij changing			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>P1</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	Р	ONELIA CERVANTES	4801 SW 6 STREET
Add			MIAMI, FL 33134
X Remove 2) Change	D	ONELIA CERVANTES	4801 SW 6 SREET
Add			MIAMI, FL 33134
X Remove 3) Change	P	ONELIA CERVANTES	134 SW 30 CT
X Add			MIAMI, FL 33135
Remove 4) Change	D	ONELIA CERVANTES	134 SW 30 CT
X Add			MIAMI, FL 33135
Remove			
5) Change Add			
Remove			
6) Change			
Add			

(Attach	additional sheet	additional Arti s, if necessary).	(Be specific)				
							
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	·4						<u> </u>
							
		.	·				
				· 			
provis	mendment prov sions for implen f not applicable.	nenting the ame	ange, reclassific ndment if not co	cation, or cancell ontained in the a	ation of issued s mendment itself	<u>hares,</u> <u>!</u>	
			·				
					_	······································	
					 		

	MAY 1, 2020	
The date of each amendment(s) adoption		, if other than the
date this document was signed.		
MAY 1, 20		
Effective date <u>if applicable</u> :	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block d document's effective date on the Departm		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted baction was not required.	by the incorporators, or board of directors	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		s cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting grouvoting group entitled to vote separately o	
"The number of votes east for the	amendment(s) was/were sufficient for a	pproval
by		••
·, <u> </u>	(voting group)	 -
04/30/2020 Dated	/	
(By a director selected, by a	president or other officer – if directors in incorporator – if in the hands of a receuciary by that fiduciary)	
ONE	LIA CERVANTES	
	(Typed or printed name of person s	igning)
PRES	SIDENT AND DIRECTOR	
	(Title of person signing)	