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COVER LETTER

The state of the s TO: Amendment Section Division of Corporations NAME OF CORPORATION: RTD PROJECTS, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID W. SOUTHWELL Name of Contact Person TRUST ADVISORS CORPORATION Firm/ Company 5781-B NW 151 STREET Address MIAMI LAKES, FL 33014 City/ State and Zip Code AGENT@TRUSTADVISORSCORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID W. SOUTHWELL Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of Incorporation of

RTD PROJECTS, INC.			
(Name of Corporation as current	ly filed with the Florida Dept. of State)	74. 60.	
		<u> </u>	
(Document Number of	of Corporation (if known)	Š	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendmer	
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name		
B. Enter new principal office address, if applicable:	5781-B NW 151 Street		
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, FL 33014		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5781-B NW 151 Street		
	Miami Lakes, FL 33014		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida st	reet address)		
New Registered Office Address:	, Florida		
THE THE THE THE THE THE TEN	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the pos	sition.	
Signature of New I	Registered 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.

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	COO	DAVID W. SOUTHWELL	5781-B NW 151 STREET
X Add			MIAMI LAKES, FL 33014
Remove			·
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		·	
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	····		
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			.=	
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				*
f an amendment provides for an exch	iange, reclassificat	ion, or cancellati	ion of issued shar	res,
provisions for implementing the ame	ndment if not cont	ained in the ame	ndment itself:	
(if not applicable, indicate N/A)				
· · · · · · · · · · · · · · · · · · ·			· <u>·</u>	
	<u> </u>			

The date of each amendment(s) adoption:	, it other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. MARCH 22ND, 2019 Dated Signature (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 coulappointed fiduciary by that fiduciary)	
DAVID W. SOUTHWELL	
(Typed or printed name of person signing)	
CHIEF OPERATING OFFICER	
(Title of person signing)	