# P15000000340

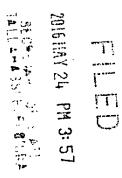
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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	ON:ROFEF	R GROUP, INC.			
DOCUMENT NUMBER:	P150	000070340	·	···	
The enclosed Articles of An	nendment and fee are su	bmitted for filing			
Please return all corresponde	ence concerning this mat	tter to the followi	ng:		
		LILIANA N. LO	UZAN		
		Name of Cont	act Perso	n	
,		ROFER GROU	P, INC		
· <del></del>		Firm/ Cor	npany		
	1	1980 N.E 173rd S	TREET		
		Addre	ess		
	NORTH M	IIAMI BEACH	FL.	33162	
<del></del>		City/ State and	d Zip Cod	c	
	lilii	louzan@hotmail.	com		
	E-mail address: (to be us	sed for future ann	ual report	notification)	
For further information concerning this matter, please call:					
LILIANA N.	LOUZAN	at (	305	495 4848	
Name of Cor	ntact Person			ode & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Co (Additional c enclosed)	- py	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A				Address	
Amendme Division o	Amendment Section Division of Corporations				
Division of Corporations P.O. Box 6327				n Building	

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment** to Articles of Incorporation

ROFER GROUP, INC.

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

P13000070340	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation  o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
	Le chi
•	The state of the s
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of Name Barriet and Advance	,
Name of New Registered Agent	PR 3: 5
(Fl.,.; I-,)	
(Florida stree	uuuress)
New Registered Office Address:	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	JOSE E. ESTARI VANREL	1980 NE 173RD STREET
X Add			NORTH MIAMI BCH, FL. 33162
Remove			
2) Change	S	CAPOBIANCO, HAYDEE L.	1980 NE 173RD STREET
Add			NORTH MIAMI BCH, FL. 33162
Remove			
3) Change		<del>_</del>	
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change	<del></del> ,		
Add			
Remove			
6) Change			_
Add			
Remove			

E. If amending or adding additional Articles, ente (Attach additional sheets, if necessary). (Be spe	
JOSE E. ESTARI VANREL 50 % Capital S	Stock
HAYDEE L. CAPOBIANCO 50% Capital S	Stock
F. If an amendment provides for an exchange, re-	classification, or cancellation of issued shares.
provisions for implementing the amendment i (if not applicable, indicate N/A)	f not contained in the amendment itself:

The date of each amendment(s) adopt	ion: 05/20/2016	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	5/20/2016	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, ment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amenent for approval.	dment(s)
	ed by the shareholders through voting groups. The following h voting group entitled to vote separately on the amendment	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	areholder
☐ The amendment(s) was/were adopted	by the incorporators without shareholder action and shareholder	older
action was not required.	$\wedge$	
- 05/2	2016	
Dated		
Signatur	Ailli aid lam.	
Signature (By a direct	of, plesident or other officer if directors or officers have n	ot been
	y an incorporator - if in the hands of a receiver, trustee, or ot	her court
appointed i	iducially by that fiduciary)	
	LILIANA N. LOUZAN	
	(Typed or printed name of person signing)	
	V/PRESIDENT	
.,	(Title of person signing)	