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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: RT Gabriel			
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Robert Gabriel			
		Name of Contact Persor	1	
	RT Gabriel Inc.			
		Firm/ Company		
	5400 S. University Dr. Suite	111		
		Address		
	Davie, Fl 33328			
		City/ State and Zip Code	e	
robert	@rtgabriel.com			
	- -	sed for future annual report	notification)	
			,	
For further information	concerning this matter, pleas	se call:		
Robert Gabriel		at (<u>305</u>	522-0205	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;	
S35 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)	
Ame Dívis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to

Articles of Incorporation

of

FILED

RT Gabriel Inc.	90	19 1114 28 PH 3:54
(Name of Corpor	ation as currently filed with the Flo	
P15000080231	, ,	LULETARY OF STATE
(Doc	cument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corp</i>	coration adopts the following amenda
A. If amending name, enter the new name of the	corporation:	
		The ne
name must be distinguishable and contain the ward or "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A professione	
B. Enter new principal office address, if applica	ble:	
(Principal office address MUST BE A STREET A	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	
D. If amending the registered agent and/or regis	stered office address in Florida, ente	er the name of the
new registered agent and/or the new register		
Name of New Registered Agent		
	(Florida street address)	
	(1.11)	
New Registered Office Address:	(City)	, Florida
	$(c.n_j)$	(zīp Coāe)
New Registered Agent's Signature, if changing R	Registered Agent:	
hereby accept the appointment as registered agen-		obligations of the position.
	-	·
Si	ignature of New Registered Agent, if c	dianaina

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each held. President, Treasurer, Director would be <math>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. T 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 C. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>T4</u>	John Doc			
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>	Address		
1) Change	D	Mario Gibson			
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		-			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	-				
Add					
Remove					

 If amending or adding additional Ar (Attach additional sheets, if necessary). 	. (Be specific)			
				.,
-				
·				
If an amendment provides for an exc provisions for implementing the am		-		
(if not applicable, indicate N/A)	CHOICE II HOV COME	med in the amendi	icht tigen.	
		, <u>.</u> .		
				
			_	
		· · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	_, if other th
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 date will document's effective date on the Department of State's records.	not be listed
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
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 court appointed fiduciary by that fiduciary)	
Robert Gabriel	
(Typed or printed name of person signing)	
(Title of person signing)	