P150000 82115

(Re	equestor's Name)	
(Ad	idress)	<u>.</u> .
(Ac	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: RAPAO CORPOR	RATION			
	1BER: P15000082115	·			
	es of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	RAFAEL ARIAS				
		Name of Contact Persor	1		
	RAPAO CORPORATION				
		Firm/ Company			
	438 NW 19TH AVE				
		Address			
	MIAMI, FL. 33125				
		City/ State and Zip Code	2		
RA	FACARECU@GMAIL.COM				
-	•	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:	·		
RAFAEL ARIAS		at (953-9913		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	rrtment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations Building		
Та	Habaccaa El 2021/	2661 Evacutiva Cantar Cirola			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILING CANCELLED RETURNED CHECK

DIVISION OF CORPOR THOSE

RAPAO CORPORATION

15 NOV 16 AM 9: 02

(or corporation as currently	
15000082115		
4 4 	(Document Number of	Corporation (if known)
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following amendment(s
If amending name, enter the new na	ame of the corporation:	
		The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation on the Aprofessional corporation name must contain the P.A."
Enter new principal office address,		
incipal office address <u>MUST BE A S</u>	IKEET ADDKESS)	
		·
Enter new mailing address, if appli (Mailing address MAY BE A POST)		·
· -		
If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the
	RICARDO O CABEZAS	
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
	438 NW 19TH AVE	
	(Florida stree	
New Registered Office Address:	MIAMI	Florida 33125 (Zip Code)
	10	Sty) (21) Code)
w Registered Agent's Signature, if c		
ereby accept the appointment as regist	ered agent. I am familiar wi	ith and accept the obligations of the position.
		<i>ò [</i> '
		rel

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Signature of New 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.

Example: X Change	<u>PT</u>	John Doe		FILING CANCELLED		
X Remove	<u>V</u> .	Mike Jon	<u>nes</u>	RETUR	ENED CHECK	
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change		_		 		
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add	•					
Remove						
A) GI						
4) Change				 		
Add Remove						
5) Change				 		
Add		·				
Remove					<u> </u>	
6) Change		_				
Add		•				
Remove						

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	FILING CANCEL	LED
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	THE TAX THE PARTY OF THE PARTY	
- AND 10 Co		
an amendment provides for an exch	ange, reclassification, or cancellatio	on of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	dment if not contained in the amen	idment itself:
,		
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The date of each amendment(s) adoption: _ date this document was signed.

<u>...</u>, if other than the

. NOV. 4, 2015

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Effective date if applicable:

RETURNED CHE (no more than 90 days after amendment file date)

ed as the

Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
select	director, present or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	RAFAEL A. ARIAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)