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## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FLORIDA MULTISERVICES, INC.

Account Number : I20150000061 Phone : (786)290-3319

Fax Number : (305)645-2035

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN RALPH SUPPLIES, CORP.

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## **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: RALPH	SUPPLIES, CORP.
DOCUMENT NUMBER: P15000100	120
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
RAPAEL E. PUA	PINA
<del>-</del>	Name of Contact Person
RALPH SUPPLIE	es, corp.
	Firm/ Company
2208 SW 8th STR	• •
<del></del>	Address
MIAMI, FL 33135	5
•	City/ State and Zip Coce
fimultiservices@yahoo.	com
E-mail address:	(to be used for future annual report notification)
For further information concerning this man	tter, please call:
RAPAEL E. PUA PINA	at ( 305 ) 631-6666
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt made payable to the Florida Dep if ment of State:
\$35 Filing Fee	
Mailing Address	Street Address

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

Street Address
Amen intent Section
Divisi in of Corporations
Cliftor Building
2661 Describe Center Circle
Tallah assec, PL 32301

H16 000 2706603

## Articles of Amendment to Articles of Incorporation

ralph supplies, corp.	•			
. (Name	of Corporation as curren	ntly filed w th the Florida	Dent. of State)	
P15000100120				
<u> </u>	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, thi	is Florida Profit Corporat	ion adopts the following	amendment(s)
A. If amending name, enter the new p	ame of the corporation:			
N/A				The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp," "Inc," or	"Co". A professional co		
B. Enter new principal office address.	if applicable:	N/A		
(Principal office address MUST BE A S	TREET ADDRESS)			
			<u> </u>	<del>- 23</del> -   🗟 g
		:		AON 910
C. Enter new mailing address, if appl	ianhla.			AOK 9102
(Mailing address MAY BE A POST	OFFICE NOX)	N/A		_& 🗟
•				
		·	<u></u>	<b></b>
D. If amending the registered agent as new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the	e name of the	)5
Name of New Registered Agent	N/A	•		-
				1
	(Florida :	street addres :		ĺ
v 0 · 10m · 41	N/A	•	-t 11-	ĺ
New Registered Office Address:		(Chy)	, Florida	de)
•		, ,,		
New Registered Agent's Signature, if a I hereby accept the appointment as regis			ations of the position.	
	Signature of New	Registered Agent, if chang	ing	
				]

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address of each Office (Attach additional she Please note the officer P = President; V = Vit Executive Officer; CF held. President, Treast Changes should be no a change, Mike Jones	er and/or Diess, if necess  (director title  co President,  co = Chief F  urer, Directo  ted in the foll  leaves the co	irector being added: ary) e by the first letter of the of ; T= Treasurer; S= Secret Financial Officer. If an off or would be PTD. llowing manner. Currently	fice title: ary: D= Director: TR> ficer/director hoods mor John Doe is list id as th	er/director being removed and title,  Trustee; C = Chairman or Clerk; CE than one title, list the first letter of the PST and Mike Jones is listed as the se should be noted as John Doe, PT as	EO = Chief each office V. There is
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 .		Address	
1) Change	VP	NORELKIS Y.	ROVALLO LOI EZ	2208 SW8th STREET	_   .
X Add ·				MIAMI, FL 33135	_
Remove			:		
2) Change	~	_			-
Add					-
Remove			•		-   '
3)Change					_
Add					-
Remove					-
4) Change					_
Add					_
Remove					-   .
5) Change					_
Add				·	_
Remove					-
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Add					_
Remove			•		

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2n amendmen	t provides for	an exchange, re	classification, or	cancell fior		
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The date of each amendment(s) ad	option:	if other	cythan th
date this document was signed.			1
Effective date if applicable:			
•	(no more than 90 days after menthnent file date)	سندو	
Note: If the date inserted in this bi document's effective date on the Dep	book does not meet the applicable statuto $y$ filling requirements, this date will artiment of State's records.	il not be lis	sed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adop by the sharebolders was/were suff	sted by the shareholders. The number of o es east for the amendment(s) incient for appearal.		
	oved by the shareholders through voting 170-4ps. The following statement ach voting group entitled to vote separat by on the amendment(s):		
The number of votes cast f	or the amendment(s) was/were sufficient to approval		
by	*	20	<u></u>
	(voting group)	2016 !	35. /181
☐ The amendment(s) was/were adopted action was not required.	ted by the board of directors without she of older action and shareholder	2- AON	
The amendment(s) was/were adopted action was not required.	ted by the incorporators without shareholder action and shareholder	AH	655 325 335
10/29/2016 Dated		هب	192
Signature	0	05	
(By a dir selected,	ector, president or other officer — if direc mann officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)		
	AFAEL E. PUA PINA		•
	(Typed or printed name of persor signing)	<del></del>	-
	FRESIDENT	ļ	
,	(Title of person sig virg)		•

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