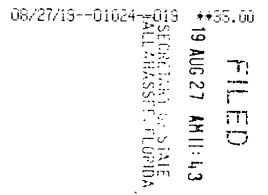
## P1600000 6201

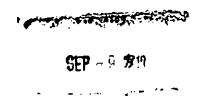
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION:RC FLORIDA CO                        | NTRACTORS INC   |  |  |  |
|--|---|---|--|--|--|
| DOCUMENT NUM   | P16000006201                                |   |  |  |  |
| The enclosed Article:  | s of Amendment and fee are su               | bmitted for filing.   |  |  |  |
| Please return all corre  | espondence concerning this ma               | tter to the following:  |  |  |  |
|  | CLEITON CARDOSO                             |   |  |  |  |
|  |   | Name of Contact Person  | ו  |  |  |
|  | DOMINIUM CONSULTING SERVICES                |   |  |  |  |
|  | Firm/ Company                               |   |  |  |  |
|  | 6965 PIAZZA GRANDE AV                       | /E - SUITE 206  |  |  |  |
|  |   | Address   |  |  |  |
|  | ORLANDO, FL 32835                           |   |  |  |  |
|  |   | City/ State and Zip Cod   | <del></del>  |  |  |
| SER  | VICES@DOMINIUMCS.CO!                        | М   |  |  |  |
|  | •   | sed for future annual report  | notification)  |  |  |
|  |   | •   | ,  |  |  |
| For further information  | on concerning this matter, pleas            | se call:  |  |  |  |
| CAMILA   |   | 407<br>at (   | 374-2329   |  |  |
| Name   | of Contact Person                           |   | de & Daytime Telephone Number  |  |  |
| Enclosed is a check f  | or 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 &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address Amendment Section  |   |   | Address  |  |  |
|  | rision of Corporations                      | Amendment Section Division of Corporations                                  |  |  |  |
| P.C  | ). Box 6327                                 | Clifton Building  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |   |   |  |  |  |
|  |   | I dilitili  | 10000, LL Januari  |  |  |

## Articles of Amendment to Articles of Incorporation of

RC FLORIDA CONTRACTORS INC

|   | ly filed with the Florida Dept. of State | )                      |
|---|--|------------------------|
| P16000006201  |  |                        |
| (Document Number of   | of Corporation (if known)                |                        |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the    | following amendment(s) |
| 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 word "chartered," "professional association," or the abbreviation | "Co". A professional corporation nam     |                        |
| B. Enter new principal office address, if applicable:   |  |                        |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | ORLANDO, FL 32835                        |                        |
|   |  | <u>≥∞</u> <del></del>  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 7209 BAYCLUB WAY                         | CALA                   |
| omaing duaress SIAT DLA TOST OF TICE DON  | ORLANDO, FL 32835                        | 27 P7                  |
|   |  |                        |
| D. If amending the registered agent and/or registered office add  | leass in Florida, anter the name of the  |                        |
| new registered agent and/or the new registered office address   |  | Σ'' ω                  |
| Name of New Registered Agent  |  |                        |
|   |  |                        |
| (Florida si   | reet address)                            |                        |
| New Registered Office Address:  | Florida                                  | (Zip Code)             |
|   | (City)                                   | (Zip Code)             |
|   |  |                        |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  |  | osition.               |
|   |  |                        |
| *   | <u> </u>                                 |                        |
| 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     |                    |
|-------------------------------|--------------|--------------|--------------------|
| X Remove                      | <u>v</u>     | Mike Jones   |                    |
| X Add                         | <u>sv</u>    | Sally Smith  |                    |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>  | <u>Addres</u> s    |
| 1) Change                     | S            | RICARDO CABO |                    |
| Add X Remove                  |              |              |                    |
| 2) Change                     |              | <del></del>  |                    |
| Add                           |              |              |                    |
| Remove                        |              |              | -5. <del>5</del> . |
| 3 ) Change                    |              |              |                    |
| Add                           |              |              |                    |
| 4) Change Add                 |              |              |                    |
| Remove                        |              |              |                    |
| 5) Change                     |              |              |                    |
| Add                           |              |              |                    |
| Remove                        |              |              |                    |
| 6) Change                     |              |              |                    |
| Add                           |              |              |                    |
| Remove                        |              |              |                    |

| Attach additional sheets, if necessary). (Be specific)   |                                |               |
|--|--------------------------------|---------------|
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|  | <u> </u>                       | 73            |
|  | Mey                            | <b>&gt;</b>   |
|  | $\mathbb{P}_{\mathcal{O}_{i}}$ | AH 11:43      |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares,                           | 0 <u>84</u>                    |               |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) | D::                            | ັ້ນ           |
| (if the applicable, material total)  |                                |               |
|  |                                |               |
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| <del></del>  |                                |               |

| The date of each amendment(s) a date this document was signed.           | loption:  |  | , if other than the            |
|--|---|--|--------------------------------|
| Effective date <u>if applicable</u> :                                    |   |  |                                |
|  | (no more than 90 da   | ys after amendment file date)  |                                |
| Note: If the date inserted in this bedocument's effective date on the De |   | statutory filing requirements, this c  | date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |  |                                |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su       |   | nber of votes east for the amendment   | 1(8)                           |
|  | proved by the shareholders through each voting group entitled to vote | voting groups. The following staten separately on the amendment(s):              | nent                           |
|  | for the amendment(s) was/were su                                      | ••   |                                |
| by   | (voting group)  | ```  |                                |
| ☐ The amendment(s) was/were addaction was not required.                  | opted by the board of directors with                                  | nout shareholder action and sharehold  | der                            |
| The amendment(s) was/were addition was not required.  08/22/2            |   | shareholder action and shareholder   |                                |
| •  |   | _  |                                |
| Signature Chu  | gned by:<br>2   |  |                                |
| (Вуж <u>я</u><br>selecte   | irazetariopresident or other officer –                                | if directors or officers have not been ands of a receiver, trustee, or other con |                                |
|  | (Typed or printed name  | e of person signing)   | <del></del>                    |
|  | PRESIDENT   |  | <b>19</b> ,                    |
|  | (Title of pe  | erson signing)   | FILE!                          |