P16000 064 279

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECREDARY OF STATE
TALL AHASSEL FLORIDA

SEP = 5 BIN SCHOOLDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	CG AND RAFY C	ORP	
	P1600006-1279 E R :		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
(LEONICE GLANERT		
-	'G AND RAFY CORP	Name of Contact Person	
· -	2436 OKEECHOBEE LN	гин хоарацу	
-	FORT LAUDERDALE FL3	Address	
_		City' State and Zip Cod	e
Lianne	trguez86@ hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Cleo		305 ut (7752292
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Fifing Fee & Certificate of Status	□\$43.75 Filing Lee & Certified Copy (Additional copy is inclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Adainonal Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, F1, 32301

Articles of Amendment

Articles of Incorporation

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

00064279 (Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:		
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 projessional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 SEP -4 AN
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.		9: 03
Name of New Registered Agent 4701 O YOU (Florida str	nge Drive recordidiess) FLorida Florida_	33314 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar (ition.
	Delivaria Segistated Agent, if changing	•

fi amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chan-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)	Title	Name	Address
1) Change	P	CLEONICE GLANERI	2436 OKEECHOBEE LN
Add X Remove	<u> </u>		FORT LAUDERDALE FL33312
2) Change Add	 -		19 SEP -4 SEGRE TAR FALLLAHASS
Remove 3)ChangeAdd			SEEL FLORIDA
Remove 4) Change Add			
Remove 5) Change Add	4000-2		
Remove 6) Change			
Add			

LEONICE GLANERT RESIGNED ON 01/22/2019. LIANNET RODRIGUEZ IS THE PRESIDENT	AND SOLE OW
F CG AND RAFY CORP.	
	·
	
	
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	<u> </u>
	SEP AHA AHA
	SS 1
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	99. 17.
	03 315 AGIS
	
	*

he date of each amendment ate this document was signed.		, if other th
ting at the first time.	April 22,2019	
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date ie Department of State's records.	will not be listed
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement d 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)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder action ac	19 SEP -
01/22	(2019)	i. F (
Dated		· · · · · · · · · · · · · · · · · · ·
Signature (Menni Alanat	33ATE
(B	y a director, president or other officer—if directors or officers have not been lected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Cleonice Glanert	
	(Typed or printed name of person signing)	
	President Massuce Classif	
	(Titlé ollogrson signing)	