P16000065940

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Same of Contact Person ИC. For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation

RJB MANAGEMENT	INC	
(Name of Corporation as currently file	led with the Florida Dept. of State)	
P16000065940		_
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to	O
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.," ofessional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF STALLAHASSEE, F	1
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	
Name of New Registered Agent SUC COVO	reas Highway, Suite 2	
New Registered Office Address: Was at (City	1000 .Florida FL 33050	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 = ChiefExecutive 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: XChange	<u>PT Jol</u>	<u>m Đọc</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			<u></u>
Remove			
2) Change			LAHAS:
Add			
Remove 3) Change			
Add			m
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Attach mannomic street, y see-	
	
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F. 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:	<u> </u>
(1) not applicable, indicate N/A)	

The date of each amendment(s) adoption:		, if othe	er than	the
date this document was signed.	1/20/2022			
Effective date if applicable:	(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date wil	l not be lis	sted as	the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without shareholder action and	i sharchold	ier	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes east for the amendment(s) for approval.			
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):			
"The number of votes east for the ar	mendment(s) was/were sufficient for approval			
by	voting group)			
'	coung group,			
selected, by an i	resident or other officer – if directors or officers have not been neopporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	 -		
	Qulio Botteri			
	(Typed or printed name of person signing)		_	
	Secretary	<u></u>	2	
	(Title of person signing) U	ECR TAL	123 A	فداوره
	_	ORETARY OF STATE ALLAHASSEE, FL	AFR 20 PM 2: 24	
		-L ATE	24	