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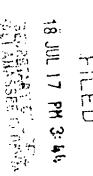
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COVER LETTER

TO: Amendment Section Division of Corporations R & T GROUP, CORP. NAME OF CORPORATION: _ P16000069741 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **SELMA BARAHONA** Name of Contact Person S & B QUALITY SERVICE INC Firm/ Company 13805 NE 16 AVE Address NORTH MIAMI FL 33161 City/ State and Zip Code cd5925@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SELMA BARAHONA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

R & T GROUP, CORP.	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P16000069741	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
N/A	The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7015 STIRLING RD #5204
(Principal office address MUST BE A STREET ADDRESS	DAVIE, FL 33314
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7015 STIRLING RD #5204
(Framing duaress MATT BE A TOST OF FICE BOX)	DAVIE, FL 33314
	DAVIE, FE 33314
	<u></u> μ
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent N/A	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	TEHANIE ROMERO	7009 STIRLING RD #105
Add			DAVIE FL 33014
XXX Remove			
2) Change			
Add			
Remove			
3) Change			
Adđ			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach-additional sheets, if necessary). N/A	· •			
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. If an amendment provides for an excl	hange, reclassificati	on, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not cont	ained in the amend	ment itself:	
N/A				
				
	.		_	<u> </u>

	06/22/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	et.
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
action was not required.	press of the members without sufficient and sufficiented	
DatedSignature	22, 2018	
(By a fi	irector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	HENRY ROMERO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .