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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

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: Joel Machado Name of Contact Person RJ Pros Inc Firm/ Company 3230 SW 104th Ct Address Miami, FL 33165 City/ State and Zip Code RJPros@zoho.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joel Machado 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: □\$43.75 Filing Fee & ☐\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations

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Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RJ Pros Inc		
(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
P16000084349		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Prafit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new name of the co	orporation:	
	The	new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation." "company," or "incorporated" or the abbrevic p." "Inc," or "Co". A professional corporation name must contain	ition
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	<u>e:</u> DRESS)	_
		_
		_
C. Enter new mailing address, if applicable:	O.W.	므
(Mailing address MAY BE A POST OFFICE BO	<u></u>	7 50
		ta 98
		7 3
D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	5 PM 3: 15
new registered agent and/or the new registered	office address:	14 (2)
Name of New Registered Agent		ب الم
		10H
	(Florida street address)	<i>(1</i>)
New Registered Cifice Address:		_
	(Cuy) (Exp. Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>pistered Agent:</u> I am familiar with and accept the obligations of the position.	
Sign	nature of New Registered Agent, of 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 caficer/director title by the first letter of the cafice title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Coficer: CFO = Chief Financial Coficer. If an cofficer/director holds more than one title, list the first letter of each coffice 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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		Rodolfo Alvarez Fernandez	10011 SW 34th St
Add				Miami, FL 33165
X Remove				
2) Change				
Add -				
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change				
Add				·····
Remove				

	articles, enter change(s) here: v). (Be specific)	
//A		
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		· **** ·
If un amendment provides for an ev	schange, reclassification, or cancellation of issued shares	
provisions for implementing the an	mendment if not contained in the amendment itself:	•
(,f not applicable, indicate N/A)		
'A		

	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days ofter amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) dicient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
The amendment(s) was/were adoptaction was not required.	nted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
5/19/2017		
Dated		
Signature	ector, president or other officer – if directors or officers have not been	
selected	by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	
1	oel Machado	
-	(Typed or printed name of person signing)	
Ī	President	
-	(Title of person signing)	