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SECRETARY OF STATE

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: R & RC INSULA	TION INC	
DOCUMENT NUME	P17000005360		<u> </u>
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	HUMBERTO GONZALFZ		
		Name of Contact Perso	n
	RAPIÐ INCOME TAN COF	d-	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	11300 NW 87 CT UNIT 150	•	
		Address	
	HIALEAH GARDENS FL 3	3018	
		City/ State and Zip Cod	le ·
ПС	'AX@YAHOO.COM		
1.1.0	·	sed for future annual report	position is no
	r-man addices, far oc a	sed with theme annual report	(RATICALION)
For further information	concerning this matter, pleas	se call:	
HUMBERTO GONZ,	ALEZ	786	2908649
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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 & Certified Copy (Additional copy is enclosed)	El852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi:	ing Address ndment Section sion of Corporations Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	
	thassee, FL 32314	2661 F	Executive Center Circle assec, FL 32301

## Articles of Amendment to

Articles of Incorporation of R & RC INSULATION INC (Name of Corporation as currently filed with the Florida Dept. of State)

P17000005369			
	(Document Numb	per of Corporation (if known	1
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes,	this Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation	<u>ı:</u>	
NA			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc."	or "Co". A professional c	corporated" or the abbreviation
B. Enter new principal office address,	if applicable:	NA	
(Principal office address MUST BE A S	TREET ADDRESS	_	
			2018 TAL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	CARLAGE T
			m m
D. If amending the registered agent an new registered agent and/or the new			ne name of the
Name of New Registered Agent	NA		
	tFloria	la street address)	
New Registered Office Address;	NA		, Florida
		(Cny)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			gations of the position.
	Signature of N	ew Registered Agent, if chan	ging

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; CEO—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>	<u>John De</u>	<u>oc</u>	
X Remove	<u>V</u>	Mike Ju	<u>ones</u>	
<u>X</u> Add	<u>8V</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P.D		RIGOBERTO CASTILLO	12401 W OKEECHOBEE RD LO
X Add				HIALEAILFL 33018
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Damasa				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA
INA .
<del></del>
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:  (if not applicable, indicate N A)
N'A

	05/26/2018	
The date of each amendment(s) adoption: date this document was signed.		, if other than th
05/26/2018 Effective date <u>if applicable</u> :		
thective date in applicance.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will tof State's records.	not be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient (	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes east for the a	mendment(s) was/were sufficient for approval	
py	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated		
(13) a director, p selected, by an	oresident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
RIGOB	ERTO CASTILLO	
	(Typed or printed name of person signing)	<del></del>
<b>G</b> .9		
	(Title of person signing)	