## P17000044285

(Re	questor's Name)	
(Ad	dress)	<del> </del>
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: RED PEACK CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CESAR SHLAIN Name of Contact Person Firm/ Company 2020 NE 163 ST SUITE 300D Address MIAMI, FL, 33162 City/ State and Zip Code INFO@CSSTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CESAR SHLAIN** 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: □\$52.50 Filing Fee **■** \$35 Filing Fee □\$43.75 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 Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



RED PEACK CORP

	ration as currently filed with the Florida Dept. of State)
17000044285	
(Doc	cument Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the	e corporation:
ED PEAK CORP	The new
	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applical	
Principal office address <u>MUST BE A STREET A.</u>	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	<u></u>
new registered agent and/or registered agent and/or registered	stered office address in Florida, enter the name of the ed office address:
Name of New Revisioned Agent	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent  New Registered Office Address:	(Florida street address)

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				_
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Aud Remove				
Kelliove				
6)Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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to the root of the congress				
	<del></del>			<u>.</u>
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		,		
f an amendment provides for an excha	ange, reclassification, o	r cancellation of issu	ed shares,	
	iament it not contained	<u>in the amendment it</u>	sell:	
provisions for implementing the amen (if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
provisions for implementing the amer (if not applicable, indicate N/A)		<del></del>		
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provisions for implementing the amen (if not applicable, indicate N/A)				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after 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 partment of State's records.	will 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) ficient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	oted 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	
Dated OG OU	loi?	
Signature		
selected,	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffusion by that induciary)	
_	Leser Sulai	
	(Typed or printed name of person signing)	
	Authbrize Representative	

(Title of person signing)