## P1700045948

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: RRR INVESTMEN	STS GROUP CORP	
DOCUMENT NUMBER	R:		
	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this made	ter to the following:	
PE	DRO A RIVERA		
		Name of Contact Persor	1
RI	VERA & ASSOCIATES		
<del></del>		Firm/ Company	
27:	52 MICHIGAN AVE UNT	, -	
_		Address	
Kl	SSIMMEE FL 34744		
_		City/ State and Zip Code	:
privsep@	yahoo.com		
<u></u>		ed for future annual report	notification)
For further information co	oncerning this matter, pleas		350-2556
Name of (	Ontact Person	at (	) 350-2556 de & Daytime Telephone Number
		payable to the Florida Depa	
S35 Filing Fee	\$13.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	g Address nent Section n of Corporations ox 6327 ssec, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec. Fl. 32301

## Articles of Amendment to Articles of Incorporation

0	f
RRR INVESTMENTS GROUP CORP	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000045948	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	321 FLORIDA PARKWAY
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	KISSIMMEE, FL 34743
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	321 FLORIDA PARKWAY KISSIMMEE, FL 34743
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
	reet address)
New Registered Office Address;	(City) , Florida (Zip Code)
	Florida

New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

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)

Evanuator

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.

X Change	<u>PT Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	tly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	RIVERA, DALIS M	3201 BUDINGER AVE
Add			ST CLOUD, FL 34769
X Remove			
2) X Change	P	RIVERA, JOSE A	3201 BUDINGER AVE
Add			ST CLOUD, FL 34769
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional st	ling additional Articles, enter change(s) here: weets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
· · ·	
provisions for imp	rovides for an exchange, reclassification, or cancellation of issued shares, dementing the amendment if not contained in the amendment itself:   ole, indicate N/A)
	A CONTRACTOR OF THE CONTRACTOR

The date of each amendment(s) adoption:	nan 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 block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/01/2019	
Dated	
By a director, 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 appointed fiduciary by that fiduciary)	
JOSE A RIVERA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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