P1700051396

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PICK-UP WAIT	MAIL
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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RAA	BETANCOURT Service. Corp.
<u> </u>	00054396
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
REYNIER	BeTONCOURT
Q & A B	Betancourt Name of Contact Person ETANCOURT. Service. COR p. Firm/ Company V 285 ST - HomesTead FL Address
	Firm/ Company
13753 51	Address
Homes	Tead FL 33033
Haine	City/ State and Zip Code RANAbel @ halmail.com. used for future annual report notification)
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
REYNIER BETONCOUE	at (<u>786</u>) <u>217</u> 5256. Area Code & Daytime Telephone Number
,	
Enclosed is a check for the following amount mad-	e payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to
Articles of Incorporation
of

FILED

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(Name of Corporation as currently filed with the Florida Dept. 1865 1965) ASSET F 50 h ft);	
(Name of Corporation as currently filed with the Florida Dept. 1865and) A SEPE F SER TO	l .
P17000054396	
(Document Number of Corporation (if known)	
Articles of Incorporation:	(s) to
If amending name, enter the new name of the corporation:	
The new	
nne must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

address of each Officer: Attach additional sheets, Please note the officer/dir P = President; V = Vice t Executive Officer; CFO: held, President, Treasure.	and/or D if necess rector titl President = Chief l r, Directe	irector being a cary) be by the first lett T= Treasurer Financial Office or would be PTI Howing manner	dded: 	irector being removed and title, name, and ustee: C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
a change, Mike Jones lea Mike Jones, V as Remove Example:	ives the c	orporation, Sall	y Smith is named the V and S. These si	hould be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action	<u>Title</u>	<u>Nam</u>		Address
(Check One) 1) Change	S	ANA	bel Fernandez Luis	13753 SW. 285 ST
_X Add		/ [=#		Homestead FL
Remove				<u> 3</u> 30 33
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			1	
Add				
Remove				
5) Classic				_
5) Change		_ -		
Remove				
Nemove				
6) Change				
Add				

__ Remove

. If amending or adding additional Article	s, enter change(s) here:
(Attach additional sheets, if necessary).	Re specific)
() that internorm shoots, y necessary,	
	<u> </u>
<u> </u>	
	
	to the state of th
. If an amendment provides for an exchai	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y not appreame, mateure ma)	
	<u> </u>
<u> </u>	
	<u> </u>

The last of such assessment (a) adoptions	, if other than the
The date of each amendment(s) adoption: date this document was signed.	, it other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	 t meet the applicable statutory filing requirements, this date will not be listed as the tate's records.
Adoption of Amendment(s) (CHF	CCK ONE)
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s)
	shareholders through voting groups. The following statement proup entitled to vote separately on the amendment(s):
	 lment(s) was/were sufficient for approval
by(roti	
(voti	nig group)
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
action was not required.	 ncorporators without shareholder action and shareholder
Dated 28/08	2017.
Signature	
(By a director, president	lent or other officer – if directors or officers have not been
selected, by an incol appointed fiduciary	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
• • • • • • • • • • • • • • • • • • • •	RIEYNIER BETONCOURT Typed or printed name of person signing)
	President
	(Title of person signing)
	II