Florida Department of State

Division of Corporations Electronic Filing Cover Sheet (((H17000 208 3463)))

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To:

Division of Corporations

: (850)617-6380

From:

: JP GLOBAL BUSINESS Account Name

Account Number : I20130000083

Fax Number

Phone

: (305)359-3700

: (786)217-1243

R. WHITE

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARQDECO INC

| Estimated Charge | \$35.00 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

| | | ## *** *** *** *** *** *** *** *** *** |
|--|--|--|
| | Articles of Amendment to | (((H17000 Z083463) |
| İ | Articles of Incorporation of | t |
| RQDECO INC | | |
| (Name of | Corporation as currently filed with the Fl | orida Dept. of State) |
| 7000062615 | | |
| | (Document Number of Corporation (if kr | nown) |
| rsuant to the provisions of section 607.10 Articles of Incorporation: | 06, Florida Statutes, this Florida Profit Con | rporation adopts the following amendment(s) |
| If amending name, enter the new nam | e of the corporation: | |
| | | The _new |
| me must be distinguishable and contai lorp.," "Inc.," or Co.," or the designati and "chartered," "professional associatio | n the word "corporation," "company," of ion "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A." | or "incarporated" or the abbreviation mal corporation name must contain the |
| Enter new principal office address, if a incipal office address <u>MUST BE A STR</u> | | |
| | · | · · · · · · · · · · · · · · · · · · · |
| | | |
| Enter new mailing address, if application of the property of t | | |
| (maing maren MAR DE A 1 051 OF | TREE BOX) | |
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| f amending the registered agent and/or the new r | or registered office address in Florida, er egistered office address: | nter the name of the |
| Name of New Registered Agent | | |
| | | |
| | (Florida stree) address) | |
| New Registered Office Address: | | , Florida |
| the in the species of the summers. | (Ciry) | (Zip Code) |
| | | |
| | | |
| Registered Agent's Signature, if chan | ging Registered Agent: d agent. I am familiar with and accept th | he ablivations of the position |
| од ассерт не арронинен из гедыеге | and accept to | a renganiona of the promote. |
| | | |
| | | |
| | Signature of New Registered Agent, | if changing |
| | | (((H17000202) |
| | | |

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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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, his 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 fisted 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:

| <u>A</u> Change | PT | John Doc | |
|-------------------------------|-------------|------------------------|-------------------|
| X Remove | ¥ | Mike Jones | |
| _ <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | DIR | INVERSIONES ARQUECO CA | 2515 NW 107TH AVE |
| Add | | | STE 1M28 #117 |
| X Remove | | | DORAL, FL 33172 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | ~ |
| Add | | | |
| Remove | | | |
| 4)Change | | · | |
| Add | | | |
| Remove | | | |
| 5) Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

Page 2 of 4

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| | or adding additional Articles, onal sheets, if necessary). (Be | e specific) | | | |
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Page 3 of 4

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| | 08/01/2017 | |
|--|---|---|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | MAM017 | |
| Effective date if applicable: | //24/2017 | |
| date if applicative. | (no more than 90 days after amendmen | file date) |
| dote: If the date inserted in this ocument's effective date on the | block does not meet the applicable statutory filing re- popurtment of State's records. | quirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a by the shareholders was/were | topted by the shareholders. The number of votes cast faufficient for approval. | or the amendment(s) |
| | proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the | |
| "The number of votes car | t for the amendment(s) was/were sufficient for approve | તો |
| by | (voting group) | T. |
| | (voting group) | |
| action was not required. | opted by the board of directors without shareholder according to the incorporators without shareholder action | |
| • | 7 | |
| 08/01/20 Dated | , | |
| Signature 2 | namaeto2. | |
| select | firector, president or other officer – if directors or offi ed, by an incorporator – if in the hands of a receiver, t sted fiduciary by that fiduciary) | |
| | ROSANGELA RODRIGUEZ | |
| | (Typed or printed name of person signing | 3) |
| | DIRECTOR | |
| | (Title of person signing) | |

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