## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Tφ:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FEDRO LUZQUINGS Account Number : 120170000042 Phone : (954)655-8413 Fax Number : (954)432-8807

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

Enex 1 Address: PluzguiNUS F@hotmail. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
RJMS86 ENTERPRISE CORP

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GREGORATIONS

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Corporate Filing Menu

Help

SER 22.2017

## COVER LETTER

TO: Amendment Se Division of Co				
NAME OF CORP	ORATION: RJMS86 ENTER	PRISE CORP		
	MBER: P17000068946			
The enclosed Article	ex of Amendment and fee are s	ubmitted for filing.		
Please return all cor	respondence concurning this m	atter to the following:		
	RICARDO MUNOZ			
		Name of Contact Perso	n	
	Firm/ Company 18032 NW 59TH AVENUE UNIT #103			
	10032 NW JAIN AVENUE	Address		
	HIALEAH, FL 33015	Address		
	_	City/ State and Zip Cod	è	
PLU	JZQUTNOSF@HOTMAIL.CO	OM .		
<del></del>	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
PEDRO LUZQUIN		at( <sup>954</sup>	055-8413 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 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)	
Air Div P.C	niling Address hendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building secutive Center Circle see FL 32301	

## Articles of Amendment to Articles of Incorporation

RJMS86 ENTERPRISE CORP	of		Si
- 1230 Dr. Chia Kini, COM	•••		Dept. of State)
(Name	of Corporation as currentl	Y filed with the Florida	Dunt of Statu)
P17000068946		The state of the s	Dept. VI State)
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this	Florida Profit Curporatio	on adopts the following amendments
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and cor "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nullon Corn "Inc or "l	A projectional con	The new corporated" or the abbreviation poration name must contain the
3. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS )	<del></del>	
Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u> )	icable: OFFICE BOX)		
. If amending the registered agent an new registered agent and/or the new	d/or registered office address:	ss in Florida, enter the	name of the
Name of New Registered Agent	RICARDO MUNOZ		
	18032 NW 59TH AVENUE	E UNIT #103	
		ut suldunes)	
	(Florida stree	er crach ess)	
Now Registered Office Aultruss:	(Florida stree HIALEAH	er caup css)	, Florida <sup>33015</sup>

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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 = 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	PT lo	nn Doe	
X Remove	<u>v</u> <u>Mi</u>	ku Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	OSCAR BRICENO	18032 NW 59TH AVENUE
Add X Remove			UNIT #103, HIALEAH, FL 3301
2) Change	VP	RICARDO MUNOZ	18032 NW 59TH AVENUE
Add X Remove			UNIT #103, IIIALEAH, FL 33015
3) Change	P	RICARDO MUNOZ	18032 NW 59TH AVENUE
X Add		· — · —	UNIT #103, HIAT.EAT1, FL 33015
Remove			
4) Change			
Add Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

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	(Be specific)
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an amendment provides for an exche	ance reclassification as cancellation of immeduhance
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The date of each accordance (1)	09/20/2017	
The date of each amendment(s) add date this document was signed.	option:	if other than the
09/20 Effective date if applicable:		
	(no more than 40 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date will rarment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
The amendment(s) was/were appro- inust he separately provided for ed	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
09/20/2017 Dated		
Signature	icando Munos	
selected, t	otor, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
RI	ICARDO MUNOZ	
<del></del>	(Typed or printed name of person signing)	<del></del>
PF	RESIDENT	
	(Title of person signing)	<del></del>