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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: RAPHAEL JACOB	ENTERPRISES, CORP	
DOCUMENT NUMBER	P18000002640		
The enclosed Articles of .	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ndence concerning this man	ter to the following:	
FE	RNANDO SILVA		
		Name of Contact Person	<del></del>
Sk	CYTRUST ENTERPRISE.	LLC	
-		Firm/ Company	
12	3 NW 13TH ST #3047	Time Company	
		Address	
Ве	OCA RATON, FL 33432		
		City/ State and Zip Code	
FERNA	NDO@SKYTRUSTENTE	RPRISE.COM	
· ve	E-mail address: (to be us	ed for future annual report	notification)
For further information of FERNANDO SILVA	concerning this matter, pleas	se call:at (	
		at (	)
Name of	Contact Person	Area Co	de & Daytine Telephone (Valnoci
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RAPHAEL JACOB ENTERPRISES, CORP

(Name of Corporation as current	y filed with the Florida Dept. of State)
P18000002640	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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 projessional corporation name mass Contain in
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 SEP
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
<u></u>	
(Florida s	treet address)
New Registered Office Address:	, Florida //in Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:
Thereby accept the appointment as registered agent. I am familia	r 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)

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.

Mike Jones, v as Remor Example:	ve, ana sai	iy Smith, 59 us un Aud.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GABRIELA DUARTE PEREIRA	923 HAILEY ST
X Add			WEST MELBOURNE, FL 32904
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)	<u>(e(s) nei e</u> .			
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f an amendment provides for an exc	hange, reclassif	ication, or can	cellation of iss	ued shares.	
provisions for implementing the amo (if not applicable, indicate N/A)	enament ii not i	tomanied in th	ic amendinent	113.011.	
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(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 east for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromuse 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):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
09/09/2019 Dated	ighail bed	
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	RAPHAEL JACOB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	