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2018 SEP 27 AH 10: 51 SECRETARY OF STATE

COVER LETTER

Division of Corporations NAME OF CORPORATION: R&H 2018 CORP DOCUMENT NUMBER: P18000007001 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEXANDRA C CASTANO Name of Contact Person ACC CONSULTING SERVICES Firm/ Company 175 FONTAINEBLEAU BLVD 2G2 Address MIAMI, FL 33172 City/ State and Zip Code ALEXANDRACRISTINA2001@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 287-1693

Area Code & Daytime Telephone Number ALEXANDRA C CASTANO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

R&H 2018 CORP

2018 SEP 27 AM 10: 54

(Name of Corporation as cu	rrently filed with the Flosif (Tiepr: of State)		
P18000007001	TALLAHASSEE, FI		
(Document Nun	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation	on:		
	The new oration," "company," or "incorporated" or the abbreviation "or "Co". A professional corporation name must contain the ution "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12239 SW 112 ST. Miani, FL 33186		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad			
Name of New Registered Agent			
	ida street address)		
New Registered Office Address:	, Florida		
New Registered Office Address.	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Alberthy accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the position.		
Signature of i	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RITA ALTI JREIGE	10681 SW 156TH PLACE
Add			UNIT 406
X Remove			MIAMI, FL 33196
2) Change			
Add			
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ARIACH additional	dding additional Arti sheets, if necessary).				
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	provides for an exch				<u>es,</u>
(if not appli	mplementing the ame cable, indicate N/A)	nament if not co	ontained in the an	nendment itself:	
	· · · ·				
					

The date of each amendmen		, if other than the
date this document was signed	- 09/25/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fit	le date)
	this block does not meet the applicable statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes east for tere sufficient for approval.	he amendment(s)
	re approved by the shareholders through voting groups. The feed for each voting group entitled to vote separately on the ame	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
□ m		, , , , ,
action was not required.	re adopted by the board of directors without shareholder action	and snareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and	l shareholder
	/2018	
Dated Signature _	and and	
(1	y a director, president or other officer - if directors or officers	
	elected, by an incorporator — in the hands of a receiver, trust pointed fiduciary by that fiduciary)	ec, or other court
	HUGO A. JACOME URBINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	