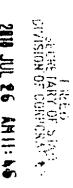
# P18000009872

Office Use Only



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### **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: RSSS GROUP CO DOCUMENT NUMBER: P18000009872 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NEUZA CESAR** Name of Contact Person ATPLUS OF MIAMI INC Firm/ Company 1102NW 116 AVE Address PEMBROKE PINES,FL,33028 City/ State and Zip Code NEUZACESAR@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **NEUZA** Area Code & Daytime Telephone Number 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 Filing Fee & □S43.75 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 Division of Corporations Division of Corporations

Clitton Building

2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment Articles of Incorporation of



## **RSSS GROUP CO**

## (Name of Corporation as currently filed with the Florida Dept. of State)

## P18000009872

(Document Number of Corporation (if known)

ent(s) to

its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Co</i> r	
A. If amending name, enter the new na	me of the corporation:	
		The new
	ain the word "corporation," "company," a ation "Corp," "Inc," or "Co". A professio tion," or the abbreviation "P.4."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> )		
	d/or registered office address in Florida, en	ter the name of the
new registered agent and/or the nev		
Name of New Registered Agent	ADLER ALEXANDRE	
	8180NW 36 STREET.ST 407	
	(Florida street address)	
New Registered Office Address:	DORAL.	33166 , Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if classification in the second second the appointment as regist	nanging Registered Agent: ered agent. I am familiar with and accept the $\int \int_{-1}^{\infty} \int$	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.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	P	ALEXANDRE MOTCHI ADLER	3650 NW 82 AVE.APT404		
Add			DORAL.FL,33166		
X Remove					
2) Change	P	ADLER ALEXANDRE	8180 NW 36 STREET,ST 407		
XAdd			DORAL.FL,33166		
Remove					
3 ) Change					
Add					
Remove					
4) Change		_	-		
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)				
(rittle in distantianti sin ets. 1) neces.	majy. In apecially			
	<del></del>			
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If an amendment provides for a	n exchange reclassificat	tion or cancellation o	ficencel charge	
provisions for implementing th	e amendment if not con-	tained in the amendm	ent itself:	
(if not applicable, indicate N	Z4)			
<del></del> -				
				<del></del>
	<del></del> .			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more t	han 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the rds.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	ns/were sufficient for approval
by	
☐ The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
07/24/2018 Dated Signature	
(By a director, president/or othe selected, by an incorporator – is appointed fiduciary by that fidu	r officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)
ALEXANDRE MOTCH	HI ADLER
(Typed or pr	inted name of person signing)
Р	
(	Title of person signing)