P180000037056

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	(Address)
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	(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REAL CARIBE R	ENTALS CORP	
DOCUMENT NUM	BER: P18000037056		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	James W. Govin		
		Name of Contact Persor	1
	Hermann & Govin		
		Firm/ Company	
	134 S. Dixie Hwy, Suite 100		
		Address	
	Hallandale Beach, FL 33009		
		City/ State and Zip Code	2
	jgovin@hg-law.com		
	E-mail address: (to be u	sed for future annual report	notification)
	on concerning this matter, plea		
James W. Govin		at (_) 356-8403
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fifing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section Pision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

REAL CARIBE RENTALS CORP.

(Name of Corporati	ion as currently filed with the Florida Dept, of State)	
P18000037056		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
		_The new
	orporation," "company," or "incorporated" or the abbreviati "-or-"Co" A professional corporation name must conta eviation "P.A."	
B. Enter new principal office address, if applicable	e:	
(Principal office address MUST BE A STREET ADI	DRESS)	
		رسًا.
		<u>. ; </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		_
		
		<u></u>
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the	9
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		_
		_
	(Florida street address)	_
New Registered Office Address:	, Florida, Zip (Zip	Code)
	1,	
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
San	nature of New Registered Agent, if changing	_
мун	mure of her negative agent, if entirging	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	CEO	Oniber Carvajal	4120 SW 53rd Street
Add			Unit W
X Remove			Davie, FL 33314
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional (Attach additional sheets, if necessar	ry). (Be specific)
(. Italei della morta, y meetaa	in the aperture
· · · · · · · · · · · · · · · · · · ·	<u> </u>
If	and the second of the second o
	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate NA	4)

•	September 10, 2020
ie date of each amendment(s) a	option:, if other than the
te this document was signed.	
fective date if applicable:	<u> </u>
	(no more than 90 days after amendment file date)
ote: If the date inserted in this learnent's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
ioption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	.
-, - <u></u>	(voting group)
September Dated Signature	(Cont. Della.
selecte	rector, 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 diductary by that fiductary)
	Sabrina Bachmann
	(Typed or printed name of person signing)
	Director
	(Title of person signing)
appoir	Sabrina Bachmann (Typed or printed name of person signing) Director