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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NEW HORIZEN F	RVF CORP				
DOCUMENT NUMB	ER: P18000039944					
	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	RUBEN FUENTES VANEGAS					
-	Name of Contact Person					
	NEW HORIZEN RVF CORP					
_		Firm/ Company				
_	1510 E GEORGIA ST LOT 120					
	Address					
_	BARTOW, FL 33830					
		City/ State and Zip Cod	e			
	ARIAGN	ASILVA@YAHOO.COM				
	E-mail address; (to be us	sed for future annual report	notification)			
	concerning this matter, pleas		582-1706			
	f Contact Person	at ( <u>863</u> Area Co	)			
	the following amount made		·			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301			

### Articles of Amendment to Articles of Incorporation of

#### NEW HORIZEN RVF CORP

# (Name of Corporation as currently filed with the Florida Dept. of State) P18000039944 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS ) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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.

Example: XChange	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	S	JOANNA MARTINEZ	1690 LAUREL OAKS DRIVE		
XAdd			BARTOW, FL. 33830		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add			<u></u>		
Remove					
5) Change	<u></u>				
Add					
Remove					
6) Change					
Add					
Ramova					

If amending or adding additi (Attach additional sheets, if ne	ional Articles, enter chan cessary). (Be specific)	ge(s) here:		
		· ·		
				<u>.</u>
				-
		<del></del>		
	<del></del>			
If an amendment provides fo	or an exchange, reclassifi	cation, or cancellation	of issued shares,	
provisions for implementing (if not applicable, indica	<u>the amendment if not co</u> te N/A)	ontained in the amend	ment itself:	
<del>,</del>			<del>,</del>	
-				

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cust for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	:holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
06/27/2018 Dated	
Signature Rubon Fuentes Vanegas	
(By a director, president or other officer - if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	r court
RUBEN FUENTES VANEGAS	
(Typed or printed name of person signing)	
PRESIDEN'T	
(Title of person signing)	