P18000046608

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		RPORATION	
DOCUMENT NUMBI	P18000046608 ER:		
The enclosed Articles of	f Amendment and fee are st	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
I	GLIANA GOMEZ		
	Name of Contact Person WD BUSINESS CONSULTANTS LLC		
-	555 BONAVENTURE BLA	Firm/ Company /D	
	VESTON, FL 33326	Address	
-		City/ State and Zip Cod	c
EGLIA	NA.GOMEZ@GMAIL.CO	^D M	
	E-mail address; (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
EGLIANA GOMEZ		954 at (4532295
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;
\$35 Filling 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

ROWI	CAPE	CORPORATION
131,7 * 7 1,	C-/11 L-	CANDELLIAN IN ALL AND A PARTY.

P18000046008	of Corporation as curren	tly filed with the Florida Dept. of State)
 -	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new man	ame of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
R - Enter now principal affice address	if applicable	1890 NE 2ND AVE.
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAML FL 33179
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14611 Southern Blvd
		P.O. Box 814
		Livahatchee, FL 33470
		dress in Florida, enter the name of the
new registered agent and/or the new registered office addres WD BUSINESS CONSU		
Name of New Registered Agent	1555 BONAVENTURE	BLVD.
	(Florida :	street address)
New Registered Office Address:	WESTON	33326 , Florida
IN III SOME CO VIJA C MORECOS.		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ages	ntic CO
		right and accept the obligations of the position.
	Signature of New	Ruxistered Agent, if changing

Page 1 of 4

SECKLIANT OF STATE

7019 IIII - 7 AM 8:

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 effice 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 Doc		
X Remove	$\overline{\lambda}$	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	PVST	SMITH, STEPHEN NH	16685 KEY LIME BLVD	
Add X Remove			LOXAHATCHEE, FL 33470	
2) Change	DIRE	SMITH, STEPHEN NH	16685 KEY LIME BLVD	
Add			LOXAHATCHEE, FL 33470	
Remove	D	AYMARA J. CHACIN AVILA	1890 NE 2ND AVE.	
3) Change X Add Remove			MIAMI, FL 33179	
4) Change	D	CARLOS A. URBANO CHACIN	1890 NE 2ND AVE.	
X Add Remove			MIAMI, FL 33179	
5) Change	\mathcal{D}	ANAKARINA URBANO CHACIN	1890 NE 2ND AVE.	
X Add			MIAMI, FL 33179	
Remove				
(i) Change				
Add				
Remove				

f amending or adding additional Articles, enter changets (trach additional sheets, if necessary).—(Be specific)	<u>) here</u>
	
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	<u> </u>
	
an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	on, or cancellation of issued shares,
(if not applicable, indicate N/A)	med in the amendment risen.
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	/
 	
/	

5/23/2019

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 5/23/2019	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ng requirements, this 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 by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	s. The following statement i the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
hy	,"
hy(voting group)	
 The amendment(s) was/were adopted by the board of directors without sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder a action was not required. 	
5/23/19	
Dated	
	_ _
Signature (By a director, president of other officer - if directors of	Olivers have not been
selected, by an incorporator – if in the hands of a recei	
appointed fiduciary by that fiduciary)	
SMITH, STEPHEN NH	
STENHEH NHS	ンいエナ什
(Typed or printed name of person si	gning)
DVCT	
PILIES JOWNIER	•
(Title of person signing)