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Office Use Only



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And

2018 AUG 28 AH 8: 45 SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	ORPORA	TION: RUDABAGA CA	PITAL CORP	
DOCUMENT	NUMBE	R:		
The enclosed A	Articles of	Amendment and fee are su	bmitted for filing.	
Please return al	ll correspo	ondence concerning this ma	tter to the following:	
	I.A	AN KING		
			Name of Contact Person	on .
	R	UDABAGA CAPITAL CO	)RP	
		<u></u>	Firm/ Company	
	40	)2 W ATLANTIC AVE #3	• •	
	_	<del></del>	Address	
	D	ELRAY BEACH, FL 3344		
			City/ State and Zip Co	de
	IANKI	NG7575@GMAIL.COM	•	
			sed for future annual repor	t notification)
		13-man address: (10 be u.	ed for idiale annual report	Thomselfon)
For further info	rmation c	oncerning this matter, pleas	se call:	
IAN KING			917 at (	757-7428
	Name of	Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a cl	heck for th	ne following amount made	payable to the Florida Dep	partment of State:
■ \$35 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				t Address
				ion of Corporations
	P.O. B	ox 6327	Clifto	n Building
Tallahassee, FL 32314			2661	Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

FILED

(Name of Corporation as curren	tly filed with the Florida Dept. of State 8: 45
180XXX054520	SECRETARY OF STATE TALLAHASSEE FI
(Document Number	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or ord "chartered," "professional association." or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	402 W ATLANTIC AVE #37
Principal office address MUST BE A STREET ADDRESS	DELRAY BEACH, FL 33444
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	402 W ATLANTIC AVE #37
	DELRAY BEACH, FL 33444
If amending the registered agent and/or registered office ad-	
	SS:
new registered agent and/or the new registered office addres	<del></del>
Name of New Registered Agent	
Name of New Registered Agent	street address)
Name of New Registered Agent	

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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	IAN KING	402 W ATLANTIC AVE #37
Add			DELRAY BEACH, FL 33444
Remove			<del> </del>
2) Change	V	LISA J KING	402 W ATLANTIC AVE #37
X Add			DELRAY BEACH, FL 33444
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change	* <del>= ***</del>		
Add			
Remove			

<u>If amending or adding additional Arti</u> (Attach <i>additional sheets, if necessary</i> ).	(Be specific)
Attach tulanamin sheets, if necessary,	(in specific)
	17-7-
	***************************************
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
• • •	

The date of each amendment(s) adoption:, if other than the date this document was signed.
08/23/2018
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, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast 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 shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
08/23/18 Dated
Signature  (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
IAN KING
(Typed or printed name of person signing)
PRESIDENT (IV)
(Title of person signing)