

Office Use Only



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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Rapid English Jeaning Conter Comp
DOCUMENT NUMBER: \$18000059380
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLUS For Zula. Name of Contact Person
Name of Contact Person
Firm/ Company
43 San Remo circle
Address Address Address Address City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 692. 4336 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Respid English LARN	JING Conto	
(Name of Corporation as currently f	iled with the Florida Dept.	<u>. of State</u>)
(Document Number of C	Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	A.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		≥ 00 D = 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		P 2:
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: (s in Florida, enter the nam	ie of the
Name of New Registered Agent	A	
(Florida street	address)	
New Revistered Office Address:	1	Florida(Zip Code)
	•	,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations	s of the position.
Signature of New Reg	tistered Agent, if changing	<u> </u>

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.

Mike Jones, V as Remove	e, and Sal	lly 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>	Address
1) Change	1	(arlos fontalez	242 Jeqwood Cinale Neples, H 34104
Add Remove	\triangle		
2) Change	$\underline{\nu}$	Carlos Gonzalez	43 San Remo Circle 1)apres fl 34112
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additional she</i>	ets, if necessary). (Be specific)	
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an amendment pr	ovides for an exchange, reclassification, or cancellation of i	issued shares,
rovisions for impl	ementing the amendment if not contained in the amendmen	<u>nt itself:</u>
(if not applicable	le, indicate N/A)	
<u> </u>		<u>-</u>
	X = X	
·	MIL	

The date of each amendment(s) adoption: 1 29 20 8 date this document was signed.	, if other than the
Effective date if applicable: 1/29/2018 (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 dateoument's effective date on the Department of State's records.	ate 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 amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemment be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
CARIOS GUNZULES Z- (Typed or printed name of person signing)	
PN Stdert (Title of person signing)	