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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corpora	ations
NAME OF CORPORA	TION: RRNC Investment Inc
DOCUMENT NUMBE	R: 1718'0000 66,574
The enclosed Articles of	Amendment and fee are submitted for filing.
Please return all correspo	endence concerning this matter to the following:
	Name of Contact Person Michini Tax and Claconky Management Sexulus I Firm/ Company 184,01 Sw 106 And 572 A-103 Address Michini K 33157 City/ State and Zip Code E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:
Name of (at (78°6) 5°03°-65°55° Contact Person Area Code & Daytime Telephone Number
	e following amount made payable to the Florida Department of State:
S35 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	Address nent Section n of Corporations ox 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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RRNC Invos	moint den million 15 D will
	filed with the Florida Dept. of State)
P180000 663	2/4 This Let 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
) r
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.	" "company," or "incorporated" or the abbreviation One of the Approfessional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7/19
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/1.7
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 name of the
Name of New Registered Agent MIAM, TA	i Accounting Management Sen
189015W 100 (Florida stree	address)
New Registered Office Address: MI Hm.	ity) , Florida 32157 (Zip Code)
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	2
Signature of New Reg	istered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove Example:	e, and Sal	ly Smith, SV as an Add.	
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)	Title	Name	<u>Addres</u> s
1) Change	Dir	ROSA CASTRO	7242 SW138AME MIAN, PC 35183
Add Remove			MIAM. PC 33183
2) Change	UP	Juan Carbs BADDOUR	Davie FL 33328
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach	additional shee	ets, if necessary).	icles, enter chan (Be specific)				
							
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an ar	mendment pro	vides for an excl	nange, reclassific	ation, or cancel	lation of issued sl	iares,	
rovis) (it	<u>nons for implei</u> I not applicable	menting the ame , indicate N/A)	endment if not co	ntained in the a	mendment itself:		
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The date of each amendment() date this document was signed.	s) adoption:	18/02/	18	, if other than t
Effective date if applicable:		08/03/	18	
	(no mo	ore than 90 days after ame	ndment file date)	<u> </u>
Note: If the date inserted in the document's effective date on the	nis block does not meet t Department of State's ro	the applicable statutory fi ecords.	ling requirements, this date	will not be listed as t
Adoption of Amendment(s)	(CHECK OF	<u>NE</u>)		
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the sharehold e sufficient for approval.	ders. The number of votes	cast for the amendment(s)	
☐ The amendment(s) was/were must be separately provided	approved by the shareho	olders through voting group	os. The following statement n the amendment(s):	
"The number of votes of	east for the amendment(s)) was/were sufficient for a	pproval	
by			"	
	(voting group	p)	·	
☐ The amendment(s) was/were action was not required.	adopted by the board of a	directors without sharehol	der action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorpora	ators without shareholder a	ction and shareholder	
Dated	10/08/20)/ §		
Signature			-	
3010	a director, president or of cted, by an incorporator - pointed fiduciary by that fi	ther officer – if directors of if in the hands of a received duciary)	or officers have not been ver, trustee, or other court	
	_ Thire	printed name of person si		
	(Typed or	printed name of person si	gning)	
		(Title of person signing)	gart	
		(Title of person signing)	/	