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S. YOUNG

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORA	ATION: Ra	alztuno. e	0RD ·		
NAME OF CORPORATION: RUBLETUND. CORP.  DOCUMENT NUMBER: P1700003159					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:			
RAFAEL A. Delgado Sr.  Name of Contact Person  Par Octor Contact Person					
_	Realsfund, COR?				
_	7791 NW 46 ST SUITE 227 Address				
_	DOROL, FL, 33166  City/ State and Zip Code				
			notification)		
For further information	concerning this matter, pleas	se call:			
RAJAEL Name of	DasADO 50.	at ( 3 c.J. Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Maili	ng Address	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment

to

## **Articles of Incorporation**

of

Realsfund, Co	ارد ک <sup>ر</sup>	
	filed with the Florida Dept. of State)	
71800006	8335	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Ilorida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		· <del>- · · · · · · · · · · · · · · · · · ·</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		e e e e e e e e e e e e e e e e e e e
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	FLORIDA FA FA FA FA FA FA
Name of New Registered Agent		<del></del>
(Florida stree	et address)	<del></del>
New Registered Office Address:	, Florida	
- (0	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the pos	ition.
Signature of New Re	gistered 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>E</u>	DELGADO RAFAEL,A	5 <u>r</u>
Add			7791 NW, 46 ST, Suite
Remove			227, HIAHI, DOZAL, F133160
2) <u> </u>	<u> </u>	DELGODO RAJAELA In	
Add			7791 NW 46 ST, SUITE 227
Remove			DORAL, FI 33166
3 ) Change	T	Mariby Rodriguez	
_≰_ ∧dd		,	7791 NW 46 ST, Suite 727
Remove			DORAL F1 33166
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)	
	<del> </del>	
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· — - · · · · · · · · · · · · · · · · ·		
<del></del>		
	<del> </del>	
f an amendment provides for an exc	hange, reclassification, or cancellation of issued sh	ares,
(if not applicable, indicate N/A)	indment if not contained in the amendment itself:	
. / 1		<del></del>
V/A		
	<del> </del>	·
		·

The date of each amendment(s), adoption:date this document was signed.	September	17-	2018	, if other than the
_	,		_	
Effective date if applicable: 54	otombor -	20-	2018	
	(no more than 90 day	vs ajier amen	штет зне атез	
Note: If the date inserted in this block does document's effective date on the Department o		statutory fili	ing requirements, this	date will not be listed as the
Adoption of Amendment(s) (C)	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The num approval.	iber of votes	cast for the amendme	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				ement
"The number of votes cast for the amo		-	proval	
by	<del> </del>			
(ve	ting group)			
☐ The amendment(s) was/were adopted by the action was not required.	board of directors with	out sharehold	der action and shareho	older
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without s	hareholder a	ction and shareholder	
Dated Sapilo	msa 17-20	218		
Dated Sopto	Las Delga	ulo s	SY '	<del></del>
(By a director, pre	sident or other officer - orporator - if in the han	if directors o		
	y by that fiduciary)			
	RAFAEL (Typed or printed name	A DE	16Ado S	> <i>c</i> ′
<del>,,,,</del>	(Typed or printed name	of person si	gning)	
	PResident -D	)i Roctor	<u> </u>	
		rson signing)		