P180000 82828

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: R	H AUTHORIZEI	D MATCO TOOLS DIST	RIBUTORS INC		
DOCUMENT NUMBER: P1800	00082828				
The enclosed Articles of Amendme	ent and fee are sul	bmitted for filing.			
Please return all correspondence co	oncerning this mad	tter to the following:			
JULISSA R	JULISSA ROSADO				
•		Name of Contact Persor	3		
DCM SERV	/ICES CENTER		•		
-		Firm/ Company	•		
2529 W BU	2529 W BUSCH BLVD STE 1000				
	· · · ·	Address			
TAMPA, FL	ORIDA 33618				
-1		City/ State and Zip Code	2		
DCMSERV	DCMSERVICESCENTER@GMAIL.COM				
E-mail	address: (to be us	ed for future annual report	notification)		
For further information concerning JULISSA ROSADO	this matter, pleas		000 8630		
		at (990-8630		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the following	ng amount made p	payable to the Florida Depa	urtment of State:		
-	75 Filing Fee & Teate of Status	☐S43.75 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 The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment

to

Articles of Incorporation

of

RH AUTHORIZED MATCO TOOLS	DISTRIBUTOR INC	FILE
(<u>Name</u>	of Corporation as currently filed with the Florida Dept. of State	<i>*</i>
P18000082828		ZOZO MAR I b
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the f	ollowing amendmen
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	n the word "corporation," "company," or "incorporated" or the abb Corp." "Inc," or "Co". A professional corporation name must " or the abbreviation "P.A."	The _ new reviation "Corp.," contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent at new registered agent and/or the new registered a	of the	
Name of New Registered Agent	DCM SERVICES CENTER INC	
	2529 W BUSCH BLVD STE 1000	
	(Florida street address)	
New Registered Office Address:	TAMPA Florida	3618
rea regimered office radioss.	(City)	(Zip Code)
	hanging Registered Agent: vered agent. I am familiar with and accept the obligations of the po- kignature of New Registered Agent, if changing	sition.
Check if applicable ☐ The amendment(s) is/are being filed p	urcum to c 607 (0.20 (1.1) (a) E.S.	
- The unrendition(2) is are being then b	ursuain 10 5. 007.0120 (11) (C), F.S.	

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	<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) Change	P	ROBERTO TORRES SANCHEZ	424 Buchannan Dr
Add			Tampa, Fl 33837
X Remove			
2) X Change	P	HIRALICE SULSONA	424 Buchannan Dr
Add			Tampa, FI 33837
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Articleets, if necessary).	(Be specific)			
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an amendment or	lementing the amend	lment if not contai	ned in the amendm	ent itself:	
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provisions for impl	le. indicate N/A)				
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The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, a Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amer e sufficient for approval.	idment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(
"The number of votes of	rast for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
03/11/2 Dated	2019	
Signature		
sele	a director, president or other officer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth ointed fiduciary by that fiduciary)	
	HIRALICE SULSONA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·····