P190000 14858

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	THE RENDEZ	VOUS FAMILY, INC	
DOCUMENT NUMBER: P190	00014858		
The enclosed Articles of Amenda	nent and fee are su	abmitted for filing.	
Please return all correspondence of	oncerning this ma	atter to the following:	
		OLFAT AZIZ	
		Name of Contact Person	1
	ТН	E RENDEZVOUS FAMIL	Y, INC
		Firm/ Company	
		1039 NORTHRIDGE DR	
-		Address	
		PALM HARBOR, FL 346	83
		City/ State and Zip Code	e
		ANTONEYOUS@GMAIL	
E-mai		sed for future annual report	
For further information concerning	g this matter, pleas		660, 4077
		at (⁷²⁷	_) 560-4077
Name of Contact F	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	irtment of State:
	75 Filing Fee & ificate 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 Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

οf

THE RENDEZVOUS FAMILY, INC.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
	P190000	014858		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the t	ollowing amendr	ment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The n	ew
	nation "Corp," "Inc," or	on," "company," or "incorporated" o. "Co". A professional corporation nam "P.A."		
B. Enter new principal office address,	if annlicables	N/A		
(Principal office address MUST BE A S	TREET ADDRESS)			-
				_
C. Enter new mailing address, if appl	taabla.	-		_
(Mailing address MAY BE A POST		N/A		
			2019 SEC	-
		· · · · · · · · · · · · · · · · · · ·		— (22,22,2
			JUN	-
D. If amending the registered agent ar	nd/or registered office add	dress in Florida, enter the name of the	27 HAS)
new registered agent and/or the ne	w registered office addres	55:	AM SSE	
Name of New Registered Agent	N/A		<u> </u>	
			- L	
	(Florida s	treet address)		
W. D. C. LOW ALL	N/A	·		
New Registered Office Address:		(Ciny) Florida_	(Zip Code)	-
		9/	(=4) (
New Registered Agent's Signature, if o				
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the po	sition.	
-	Signature of New	Registered 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.

Example: X Change	PT	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	MGR	ANTONEYOUS MELLEK	1039 NORTHRIDGE DR
Add		,	PALM HARBOR, FL 34683
X Remove			
2) Change		-	
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

	icles, enter change(s) here: (Be specific)
!/A	
	
If an amendment provides for an arch	hange, reclassification, or cancellation of issued shares,
	tange, reclassification, or cancertation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

06/19/2019	
The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
06/19/2019 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 document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/19/2019	
Signature 122	
(By a director, president or other officer - if directors or officers have not bee	n
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by that fiduciary)	
OLFAT AZIZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	