(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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10/24/19--01002--008 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: RC GENERAL INSULANCE CORP. DOCUMENT NUMBER: P19000024741 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAVDRA CABRAC

Name of Contact Person RC GENERAL INSURSURE CORP. Firm/ Company

9302 SW 167 CT

Address

MIAMI FL 33/96

City/ State and Zip Code RC GENERALINSURANCE OI @ GMAIL. COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: S'ANDRA CABRAL at (305), 560-3514

Name of Contact Person Area Code & 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 &

(Additional copy is enclosed)

Certified Copy

Mailing Address

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

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

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment

to

Articles of Incorporation

of

RC GENERAL INSURANCE	CE CORP.
(Name of Corporation as currently	y filed with the Florida Dept, of State)
P190000 24741	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 22 PH 1:0
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Registered Agent	· · · · · · · · · · · · · · · · · · ·
9302 SW (Florida stree	167 CT
New Registered Office Address: MIAMI	(City) , Florida 33196 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	

Signature of New Rogistered 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	<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	<u>Name</u>	<u>Addres</u> s
1) Change	_V	LUIS R C'ABRAL	
Add			MIAUI FL 3319L
Remove			
2) Change	V	SAVDLA CABRAL	9302 SW 167 CT
X Add			MIANI PC 33196
Remove 3) Change	5	LUIS R CABRAC	9302 SW 167 CT
Add			MIAMI PL 33196
Remove			
4) Change	<u>S</u>	SAUDRA CABRAC	
X Add			MIAUI FC 3319L
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>		ssary). (Be speci	ific)			
N/A						
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tan amandm	ant provides for	an arahanga waali	ecifiantion or on	ncellation of issue	d charas	
provisions fo	r implementing tl	he amendment if i	not contained in t	he amendment its	elf:	
(if not ap	plicable, indicate i	N/A)				
N/A						
' (
				 		
						
						

The date of each amondment(s) ad	option: 10/18/2019 10/18/2019 (no more than 90 days after amendment file d	, if other than the
date this document was signed.	option.	
Effective date <u>if applicable</u> :	10/18/2019	
	(no more than 90 days after amendment file d	'ate)
	lock does not meet the applicable statutory filing requirem	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the flicient for approval.	amendment(s)
	roved by the shareholders through voting groups. The folloeach voting group entitled to vote separately on the amend	
"The number of votes cast (for the amendment(s) was/were sufficient for approval	
byN/A	,	
by	(voting group)	
	pted by the board of directors without shareholder action an	nd shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	areholder
Dated/(0/18/2019	
Signature	menachal	
	rector, president or other officer - if directors or officers ha	
	l, by an incorporator – if in the hands of a receiver, trustee,	or other court
арропі	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	-
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	