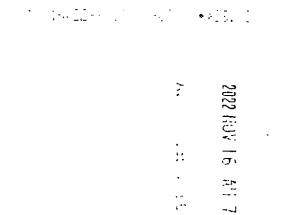
P190000 38797

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
_				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Sassial lastructions to Filing Officer.				
Special Instructions to Filing Officer:				
1				

Office Use Only



800397666158



FEB 17

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RCB USA CABLE	ES, CORP	
	BER:		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ANA PAULA CAMPELO D	DE MEDEIROS	
		Name of Contact Person	1
		Firm/ Company	·
	6964 SEA CORAL DR APT	124	
	ORLANDO, FL 32821	Address	
	ORLANDO, FL 52621	City/ State and Zip Code	
		•	·
	ANAPAULAMEDEIROS07	-	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
ANA PAULA CAMP	ELO MEDEIROS	407	864-1066
Name	of Contact Person	ar (Area Co) 864-1066 de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	urtment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

CABLES, CORP	:	2672
of Corporation as currently filed with the Florida Dept. of State)	:	큔
97	•	• <u></u>
(Document Number of Corporation (if known)	· · · · · · · · ·	
1006 Florida Statutas, this Florida Boufe Comment of the Land of	· · · · · · · · · · · · · · · · · · ·	
1000, Florida Statutes, this Ptortua Projit Corporation adopts the to.	llowing amei	idmeni(s) to
ame of the corporation:	:	3
	The	new
if applicable: TREET ADDRESS) icable: OFFICE BOX)		- -
•		
		
TO NOTIFICATION OF THE VID		
(Florida street address)		
(Florida street address) OCOFF	74.1	
OCORE	76] (Zip Code)	_
	(Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation adopts the fo ame of the corporation: 1 the word "corporation," "company," or "incorporated" or the abbricary. "Inc," or "Co". A professional corporation name must of the abbreviation "P.A." if applicable: TREET ADDRESS icable: OFFICE BOX)	(Document Number of Corporation (if known) (Document Number of Corporation adopts the following american of the corporation: (Document Number of Corporation adopts the following american of the corporation: (Document Number of Corporation adopts the following american of the adoption adopts the following american adopts the following

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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.

Example:

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change	VP		THEREZA DAVILA S DA SILVA	5913 BENT PINE DR APT 306
Add				ORLANDO, FL 32811
x Remove				
2) Change		_		<u> </u>
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	·
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

•

The date of each amendment(date this document was signed.	adoption:	, if other than the
_	1/03/2022	
	(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 requirement. Department of State's records.	ts, 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 shareh	older action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendmen	nt(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval	022
by	, .	2022 1:07 16
· / 	(voting group)	. 6
11/03/2		-
Dated		,- .:
Signature	AP	œ
selo	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	not been other court
	ANA PAULA CAMPELO DE MEDEIROS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	