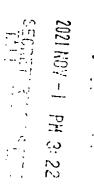
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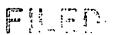
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: R&KI	eal Maker's	INC
DOCUMENT NUMBI	er: <u>P19000</u> 0	38960	
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Rober	Name of Contact Person Maker's Firm/ Company	i ps
_	R&K Dea	al Maker's	INC
	•	Firm/ Company	~
-	850 S. P	piscayne Ri	iver DR.
	Miami, F	=L 33169	
_		City/ State and Zip Code	2
	185221ed	adeschools.ne	£
_	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Debora	h K. Phillip	2 s at (305	725-/333 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section			Address Iment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327			entre of Tallahassee
Tallahassee, FL 32314		2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



	Corporation as currently filed	
P1900003896	0	SECRETIEN OF STATE
	(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	06, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	e of the corporation:	
NIA		The new
name must be distinguishable and contain the 'Inc.," or Co.," or the designation "Corp 'chartered," "professional association," or	p," "Inc," or "Co". A profes	y," or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word
B. Enter new principal office address, if a Principal office address MUST BE A STR		N/A
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	FICE BOX)	NA
		Florida, enter the name of the
 If amending the registered agent and/onew registered agent and/or the new re 	<u>egistered office address:</u>	
new registered agent and/or the new re	N/A	
	N/A	
new registered agent and/or the new re	NA (Florida street address)	2.5.5.}
	NA NA (Florida street addre	ess) , Florida(Zip Code)

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	T	Deborah K. Phillips	850 S. Biscayne River De
Add		•	Miami, FL 33169
X Remove			
2) Change		<u> </u>	
Add		•	
Remove 3) Change	<u>M</u> _	Robert C. Phillips	850 S. Biscayne River &
Add		•	Miami, FL 33169
Remove			
4) Change		·,·	
Add		; '	
Remove		•	
51 Change			· · · · · · · · · · · · · · · · · · ·
Add Remove			
6) Change			
Add	•		
Remove			

amending or adding additional Arti- tach <i>additional sheets, if necessary).</i>	(Be specific)
N/A	
N/n	
· - · · -	
	<u>. </u>
	·
-	
in 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:
. 1 .	
NA	
•	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : A R (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	tors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	roups. The following statement ly on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by(voting group)	
(voting group)	
Dated September 27/2021	
Dated <u>September 27/2021</u> Signature <u>Neboral K. Hillips</u>	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	ors or officers have not been ecciver, trustee, or other court
Deborah K. Phillip (Typed or printed name of person	on signing)
President	
(Title of person signing)	

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