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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: R ROZIER BUSIN	IESS SERVICES INC	
DOCUMENT NUMB	D10000040013		<u>-</u>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RACHEL ROZIER		
-		Name of Contact Person	1
	R ROZIER BUSINESS SER	VICES INC	
-			
		Firm/ Company	
,	912 RIVERBROOK CT., AF	'1' 102 	
		Address	
•	TAMPA, FL 33624		
-		City/ State and Zip Cod	e
RROZ	IER1027@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
KELLY BROWN		772	<u>559-5334</u>
		at ()
Name o	f 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:
S35 Filing Fee	☐S43.75 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		Ameno Divisio Clifton	Address Imment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

R	ROZIER	RUSINES	S SERVICES	INC

(Name of C	Corporation as current	v filed with the Florida	a Dent. of State)		
P19000040012			,		
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corpora	tion adopts the foll	lowing amendm	nent(s) t
A. If amending name, enter the new name	of the corporation:				
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp." "Inc," or "	Co". A professional c	ncorporated" or t orporation name t	The nev he abbreviationust contain th	1/1
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>	<u>pplicable:</u> EET ADDRESS)				
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/or new registered agent and/or the new remains of New Registered Agent	FICE BOX) or registered office addi		ne name of the	2019 AUG -1 PM 2: 22 SECRITATE OF STATE	4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	(Florida str	eet address)	· -		
New Registered Office Address:			Florida		
		(City)		(Zip Code)	
New Registered Agent's Signature, if chan hereby accept the appointment as registere			gations of the posit	ion.	
	Signature of New R	egistered Agent, if chan	ging		

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) X Change	PRES	RACHEL ROZIER	912 RIVERBROOK CT., APT 102
Add			TAMPA, FL 33603
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	· - · · -	<u></u>
		
		<u></u>
-		
		
f an amendment provides for an exch	ange reclassification or cancellation	n of issued shares
provisions for implementing the ame	idment if not contained in the amend	dment itself:
(if not applicable, indicate N/A)		
_		
		<u> </u>
		.
<u> </u>		

	06/21/2019	, if other than the
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	72010	
Effective date <u>if applicable</u> :	5/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	are will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)
	roved by the shareholders through voting groups. The following statemeach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
06/21/2019		
Dated		
Signature	The state of the s	
	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	ed fiduciary by that fiduciary)	
	·	
	RACHEL ROZIER	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)