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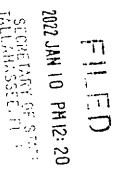
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COVER LETTER

TO: Amendment Section

Division of Corporations RER Custom Casework Inc NAME OF CORPORATION: _ DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Verton Reid Name of Contact Person Firm/ Company Caton II 33 427 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Fiting Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

FILED

of		
RER Custom Ca	bunrt Tac	2022 JAN 10 PM 12: 20
(Name of Corporation as currently	filed with the Florida Dept. of S	tate) SECRETARY OF STATE
P19mm72619		TALLAHASSEELFUEL
(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:	orida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the professional corporation name n	The new abbreviation "Corp.," nust contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	S927 Hypol Lake worth	4x0Rd Fl 334b7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of	<u>the</u>
Name of New Registered Agent		
(Florida stree	t addmes)	
(1 tortial stree	(autress)	
New Registered Office Address:	Flori	da(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 Reg	istered Agent, if changing	

Check if applicable

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

P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dire Changes should be noted	rector title President Chief Filector wou in the followes the co	e by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; TR= nancial Officer. If an officer/director holds more th tld be PTD. lowing manner. Currently John Doe is listed as th prporation, Sally Smith is named the V and S. Thes	han one title, list the first letter of each office held. ne PST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change	 -		<u></u>
Add			
Remove			
5) Change		-/	
Add		,	
Remove			
6)Change	· ' ——		
Add			

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:

____Remove

amending or adding additional Artach additional sheets, if necessary)	. (Be specific)			
				_/
				/
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		 -	<u> </u>	
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		<i>;</i>		
		<u>/</u>		<u>.</u>
an amendment provides for an ex-	change, reclassificati	ion, or cancellat	ion of issued share	<u>s.</u>
rovisions for implementing the an (if not applicable, indicate N/A)	nendment if not cont	ained in the am	endment itself:	
/	/			
				

. ,			1		
The date of each at date this document	mendment(s) adoption: was signed.	12	126	1221	, if other than the
Effective date if ap	plicable:	12	27	2021	
		(no more than 9	0 days afi	er amendment file date	?)
	nserted in this block does need atte on the Department of		able stati	atory filing requirement	nts, this date will not be listed as the
Adoption of Amen	dment(s) (<u>CH</u>	IECK ONE)			
The amendment(action was not re		incorporators, or	board of d	lirectors without share!	nolder action and shareholder
	s) was/were adopted by the lers was/were sufficient for		e number	of votes cast for the an	nendment(s)
	s) was/were approved by the ely provided for each voting				
"The numb	er of votes cast for the ame	ndment(s) was/we	re sufficio	ent for approval	
by	(vol				
	(vot	ing group)			
D	ated				
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
		Ever H (Typed or printed	name of p	erson signing)	
President					
(Title of person signing)					