P190000173190

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: RA TRADERS C	ORP		
DOCUMENT NUM	P19000073190			
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	HECTOR ROSADO			
		Name of Contact Person	1	
	RA TRADERS CORP			
		Firm/ Company		
	PMB 263 35 JUAN C BORE	BON STE 6		
	Address			
	GUAYNABO PR 00969			
		City/ State and Zip Code	2	
	marimbbq@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
MAYRA VEGA		at (at (22	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtiment 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 Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	FILED
	ion as currently filed with the Florida Dept. of State)
RA TRADERS CORP	2024 FEB 28 AM 9: 58
(Доси	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the c	orporation:
	The new
ame must be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbra	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>	<u>B:</u> DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
 If amending the registered agent and/or registered new registered agent and/or the new registered 	red office address in Florida, enter the name of the
and the new registered	once address.
Name of New Registered Agent	
	(Floridu street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Reg	istered Agent:
ereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>vith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	T		LUIS ROSADO	PMB 263 35 JUAN C BORBON S
X Add				
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change		- .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u>-</u> -		
Add				
Remove				· · · · · ·

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	noment is not contained in the amendment aseit:
· · · · · · · · · · · · · · · · · · ·	

, , , , , , , , , , , , , , , , , , ,	FEBRUARY 16, 2024
The date of each amendmen date this document was signed	(s) adoption:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
☐ The amendment(s) was/we, must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
FEBR	UARY 16, 2024
Dated	
Signature	
(B)	or a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	HECTOR ROSADO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

the

the