P190000091519

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DEPARTMENT OF STATE ALLAMASSEE GROOM OF CORPORATION OF STATE OF ST

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: RYCOL INC DOCUMENT NUMBER: P19000091519 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carla Marcelo Name of Contact Person Firm/ Company 7050 W Palmetto Park Rd Suite 15-300 Address Boca Raton FL 33433 City/ State and Zip Code Rycoline@buzint.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 303-9539 Area Code & Daytime Telephone Number Carla Marcelo Name of Contact Person 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 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RYCOL INC

(Name of Cornoration as curr	ently filed with the Florida Dept. of State)	
P19000091519	ents med with the Florida Dept. of trace,	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>	
	The	new
name must be distinguishable and contain the word "corporation," lnc.," or Co.," or the designation "Corp.," "lnc," or "Co" "chartered," "professional association," or the abbreviation "P	""company," or "incorporated" or the abbreviation "C A professional corporation name must contain the	orp ," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·	u street address)	
New Registered Office Address:	Florida	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	(City) TALL AHASS	
Signature of Ne	nv Registered Agent, if changing	J

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; \hat{V} = Vice President; \hat{T} = Treasurer; \hat{S} = Secretary; \hat{D} - Director; $\hat{T}\hat{R}$ = Trustee; \hat{C} = Chairman or Clerk; \hat{C} E0 = Chief Executive Officer; \hat{C} = 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: <u>X</u> Change	<u> 97</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>8V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>se</u>	<u>Addres</u> s
1) X Change	P	Alex	xandra Rosanna Suarez Saenz	9907 Three Lakes Circle
Add				Boca Raton, FL 33428
Remove				
2) Change				
Add				
Remove 3.1 Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				**
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Amending name of current President to full name: Alexandra Rosanna Suarez Saenz	
	<u> </u>
	· =
	<u> </u>
	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	
(y ma approxime, marcae or my	

The date of each amendment(s) adoption: 01 / 09 / 2020	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as t
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) is sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) is/are being	ig filed pursuant to s. 607.0120 (11) (e), F.S.	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	and shareholder
01/09/20 Dated		
Signature	A	
sele	a director, posident or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court officer fiduciary by that fiduciary)	
	Alexandra Rosanna Suarez Saenz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	