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S. YOUNG

FEB 2 8 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Ruhe Services Inc					
	IBER:					
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	Ashley Canez					
	Name of Contact Person					
	EastBiz.com, Inc					
	Firm/ Company					
	5348 Vegas Dr					
	Address					
	Las Vegas, NV 89108					
		City/ State and Zip Code	e			
	ashley@incparadise.com					
	* * *	sed for future annual report	notification)			
for further informati Ashley	ion concerning this matter, plea	se call: at (⁷⁰²	871-8678 }			
Name	e of Contact Person		de & Daytime Telephone Number			
Inclosed is a check t	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)			
	ailing Address		Address			
	nendment Section	Amendment Section				
Division of Corporations		Division of Corporations				
), Box 6327 Hahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810			
13	namasee, et aaath	∠41. 3 1	v. promoe aneer, aune a d			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Rune Services inc				
(<u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. o	f State)	
P19000092080				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s <i>Florida Profit Corporation</i> adop	ots the following amendment(s) to	
A. If amending name, enter the new na	une of the corporation:			
N/A			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	orp," "Inc." or "Co".	A professional corporation nam	the abbreviation "Corp"	
B. Enter new principal office address.	if annlicable:	2949 SW 39th Ave		
(Principal office address MUST BE A S		Gainsville, FL 32608		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2949 SW 39th Ave		
		Gainsville, FL 32608		
D. If amending the registered agent ar new registered agent and/or the new	id/or registered office ad a registered office addre N/A	ldress in Florida, enter the name	of the	
Name of New Registered Agent				
	/Florida	street address)		
	N/A	server duter essy		
New Registered Office Address:		(City)	Florida (Zip Code)	
		(0.0)	(1-4)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	nanging Registered Age tered agent. I am familia	nc: r with and accept the obligations	of the position.	
			20 2	
	Signature of New	Registered Agent, if changing	B ASS	
Check if applicable			-3 F	
☐ The amendment(s) is/are being filed p	oursuant to s. 607,0120 (1	1) (e), F.S.	FORS A	

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 Doe	
X Remove	\underline{V}	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DP	James Williams	8866 Dania Dr
Add			Palm Beach Gardens, FL 33410
XRemove			
2) Change	DP	Abbie L. Guile	2949 SW 39th Ave
X Add			Guinsville, FL 32608
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

/ Attacl	nding or adding additional Articl additional sheets, if necessary).	(Re vnecific)	incre.		
(Milac	шишти эпеси, у пессовитуу.	the absolute.			
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	* * * * * * * * * * * * * * * * * * *				
F Ifan	amendment provides for an excha	anno roclassificati	on or cancellation	of issued shares	
pro	isions for implementing the amen	idment if not cont	ained in the amend	nent itself:	
	(if not applicable, indicate N/A)				
All 100	shares will be given to Abbie L. Gui	de			
<u> </u>					

					·····
••					

The date of each amendment(s) adopt date this document was signed.	tion:	, if other than th
Effective date if applicable:		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date tment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The uniendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statemen h voting group entitled to vote separately on the amendment(s):	t
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated Janua Signature	24.2020 711110	
(By a direct selected, by	of, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Al	bbie L. Guile	
	(Typed or printed name of person signing)	
Dir	ector	

(Title of person signing)