P20000003382

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	RCM PAIN"	T AND DEBRIS REMOVA	L. INC
DOCUMENT NUMBER:		P20000003382	
The enclosed Articles of Amendma	rnt and fee are st	ibmitted for filing.	
Please return all correspondence co	meerning this ma	atter to the following:	
	I	RAFAEL A. CORTES MOI	RA
, -		Name of Contact Person	1
	RCM PA	INT AND DEBRIS REMO	VAL, INC
 .		Firm/ Company	
	1226 CC	DURTNEY CHASE CIR - S	STE 1212
		Address	
	(ORLANDO, FL 32837	
		City/ State and Zip Cod	2
	investi	gacionesrafacl@gmail.com	
E-mail	address: (to be u	sed for future annual report	notification)
For further information concerning	this matter, plea	se call:	
RAFAEL A CORTES MORA		954 at (253-4806 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	irtment of State:
	75 Filing Fee & Teate 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

RCM PAINT AND DEBRIS REMOVAL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000003382

(1)	ocument Number of Corporation (if kno)WII)
Pursuant to the provisions of section 607,1006, Fl ts Articles of Incorporation;	orida Statutes, this Florida Profit Corp.	oration adopts the following amendme
A. If amending name, enter the new name of t	he corporation:	
ARPA LLANERA, INC		TI.
name must be distinguishable and comain the word "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	Inc," or "Co". A professional corp	The _ new rporated" or the abbreviation "Corp.,' oration name must contain the word
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		:
•		
D. If amending the registered agent and/or registered agent and/or the new registered.	vistered office address in Florida, ente ered office address:	er the name of the
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:		, Florida
N. A. Caster Car Office . Hall Cost.	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the o	obligations of the position.
	CV D	,
	Signature of New Registered Agent, if cl	hanging

Check if applicable

 \Box The amendment(s) is are being filled 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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)			
					
					
					
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west to					
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<u> </u>					· · · · · · · · · · · · · · · · · · ·
an amendment pro	ovides for an exch	ange, reclassificati	on, or cancellation	of issued shares.	
provisions for imple	ementing the amer	ndment if not conta	ained in the amend	lment itself:	
(if not applicable	z, indicate N/A)				
<u> </u>		_			

•

	option:	, if other than th
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 amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this duartment of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopaction was not required.	ited by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were sut	sted by the shareholders. The number of votes cast for the amendment ficient for approval.	(5)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	ient
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	RAFAEL A. CORTES MORA	
_	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	