P2000000 7809

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: RICCI INVESTMENTS INC DOCUMENT NUMBER: P20000007809 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **DILIA RODRIGUEZ** Name of Contact Person ALL BOOKKEEPING SOLUTIONS INC Firm/ Company 3180 SOUTH OCEAN DR SUITE 305 Address HALLANDALE BEACH FL 33009 City/ State and Zip Code allbookeeping@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DILIA RODRIGUEZ at (305) 9175407
Area Code & Daytime Telephone Number 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

R	CCL	INV	ES1	MEN	TS B	VC:

RICCI INVESTMENTS INC		679 A 104 A 121 A	1 D . 60.40	·····	
(Name of Corporation P20000007809	on as currently	tiled with the Floris	a Dept. of State)		
	nent Number of	Corporation (if know	'n)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this F	lorida Profit Corpor	ation adopts the foll	owing amendn	nent(s) t
A. If amending name, enter the new name of the co	orporation:				
				The ne	/W
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	or "Co". A	ompany," or "incorpo professional corpor	orated" or the abbre ation name must co	viation "Corp., ontain the wor	, " rd
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)				
 If amending the registered agent and/or registered new registered agent and/or the new registered of the new registered		ess in Florida, enter	the name of the		
Name of New Registered Agent				12	
name significant region of the		<u></u>		— (2) 	
	(Florida stre	et address)			`·.
New Registered Office Address:			, Florida		
	(1	City)		(Zip Code)	خوم
New Registered Agent's Signature, if changing Regi				·n .	in Z
I hereby accept the appointment as registered agent.	l am familiar w	ith and accept the obi	igations of the posit	ion.	
					
Signa	iture of New Rej	gistered Agent, if cha	nging		
Check if applicable					

 \Box 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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CFO		LUZ ANGELA TICORA	370 W CAMINO REAL
XAdd		_		APT A8
Remove				BOCA RATON FL 33432
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u>-</u>		
Add				
Remove				

Attach additional sheets, if necessary,	rticles, enter change). (Be specific)			
				·-··
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				·
	17. 1-1			
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f an amendment provides for an ex	ahanga yaslassifias	tian an asnasllatia	- of:aauad aha-aa	
provisions for implementing the an	nendment if not con	tained in the amen	dment itself:	
(if not applicable, indicate N/A)		•		
(i) not appacame, mateure (VA)				
у посирунеште, тисие мау				
у посирупсите, тикие гля	***************************************			
у посирупсите, тисие ма				
у пос аррасате, такие гля				
у пог аррисате, тикие гла				
(1) not appricame, mucuse NA)				
у пог аррасате, тасые гла				
(y not appricane, macure NA)				
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ty not appricane, macure WAI				

•

	(s) adoption:	, if other than the
date this document was signed Effective date if applicable:	07/13/2020	
Directive date is apparature.	(no more than 90 days after o	imendment file date)
	his block does not meet the applicable statutor ne Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of vere sufficient for approval.	votes cast for the amendment(s)
	e approved by the shareholders through voting a d for each voting group entitled to vote separate	
"The number of votes	cast for the amendment(s) was/were sufficient	for approval
by	(voting group)	
	(voting group)	
07/13/	2020	
Dated		
Signature	antiagolicci	
	an ingotice: Pa director, president or other officer – if direct lected, by an incorporator – if in the hands of a i	
	pointed fiduciary by that fiduciary)	
	RICCI TOBON SANTIAGO	
	(Typed or printed name of pers	on signing)
	DIRECTOR	
	(Title of person signing)	