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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RJR SOLUTIONS	INC		
DOCUMENT NUM	BER: P20000016026			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	JOSEFINA RUBIO			
	RJR SOLUTIONS INC	Name of Contact Pers	on	
Firm/ Company				
	19110 SW 128 CT	This Company		
	MIAMI, FL 33177	Address		
		City/ State and Zip Co	de	
	MEPGROUPJR@GMAIL.C	·		
	-	sed for future annual repo	rt notification)	
	on concerning this matter, pleas			
JOSEFINA RUBIO		at (303-4956	
Name of Contact Person		Area C	ode & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address cendment Section distance of Corporations b. Box 6327 dahassee, FL 32314	Amer Divis The (2415	t Address indment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

D	1D	102	137	TONS	INC
к	114	71 11		11 1/2/	LINE

(Name of Cornora	tion as currently filed with the Florida Dept. of State)
P20000016026	as edy(emily med with the Florida isept. or State)
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the	corporation:
	The new
iame must be distinguishable and contain the word "('Inc.," or Co.," or the designation "Corp," "Inc 'chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation "Corp.," c," or "Co". A professional corporation name must contain the word reviation "P.A."
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD	ole: ODRESS)
	/L-814-1-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	(OX)
D. If amending the registered agent and/or registence new registered agent and/or the new registered	tered office address in Florida, enter the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)
New Registered Office Address:	, Florida(Zip Code)
	•
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
	and the second s
Sign	nature 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)

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 PT John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones \underline{X} Add \underline{SV} Sally Smith Type of Action Title <u>Name</u> Address (Check One) **REY RUBIO** 19110 SW 128 CT 1) ____ Change MIAMI, FL 33177 ____ Add Remove 2) ____ Change _ Add _ Remove JOSEFINA RUBIO 19110 SW 128 CT 3) ____ Change MIAMI, FL 33177 __ Add __ Remove 4) ____ Change ___ Add ____ Remove 5) ____ Change ___ Add Remove 6) ____ Change Add _ Remove

Attach additional sheets, if necessary).	(Be specific)
	
	* * * *
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· -
	

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The date of each amendment(s) adoption:	
date this document was signed.	
Effective date if applicable:	
(no more the	in 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the ls.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by(voting group)	·"
(voting group)	
Dated 02/16/2024	, ·
Signature Josefina Ku	21D
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduc	ary)
Josefina de	ubio
(Typed or prin	ted name of person signing)
Presiden	
(Title of perso	n signing)