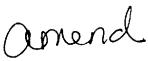
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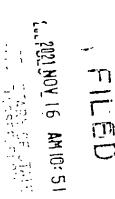
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A. RAMSEY DEC 08 2021

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: RATM GROUP INC DOCUMENT NUMBER: P20000025184 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROMAN TURTYGIN Name of Contact Person RATM GROUP INC Firm/ Company 698 NE 1ST AVE APT413 Address MIAMI, FL 33132 City/ State and Zip Code For further information concerning this matter, please call: ROMAN TURTYGIN at (561) 8094886

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 Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED 2021 NOV 16 AM 10: 51

RATM GROUP INC

(Name o	f Corporation as current	tly filed with the Florida Dept. of State) Flagy on
P20000025184		All All Asign bridges
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
(Brutting address STAT BE A FOST)	OFFICE BOX	
D. If amending the registered agent an		
new registered agent and/or the nev	-	<u>ss:</u>
Name of New Registered Agent	N/A	
	(Florida si	trect address)
New Registered Office Address:		Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	ut:
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.

Signature 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	<u>PT</u>	John Doc	<u>.</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		STEPHANIE CAROLINA URBINA	9734 NW 75ST
X Add				DORAL FL 33178
Remove				
2) Change	<u>S</u>	_	FABIANA PADRON	5800 NW 104TH CT
X Add				DORAL, FL 33178
Remove 3) Range	T	_	CARLOS LEON	4368 MONTAL VO CT NAPLES, FL 34109
X Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u> </u>	
	
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 N/A)	

	11/13/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/13/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this document's effective date on the I		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of dir	ectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
	pproved by the shareholders through voting or each voting group entitled to vote separa	
"The number of votes ca	st for the amendment(s) was/were sufficien	t for approval
by SHAREHOLDERS		••
0)	(voting group)	<u> </u>
11/13/202 Dated	21	
Signature 2	Man Turtinin	
(By a selec	director, president or other officer – if directed, by an incorporator – if in the hands of a inted fiduciary by that fiduciary)	ctors or officers have not been receiver, trustee, or other court
	ROMAN TURTYGIN	
	(Typed or printed name of per	son signing)
	11/13/2021	
	(Title of person signing)	