PZO 0000 43284

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

AME OF CORPORATION: RAE MAGO 666, INC.
OCUMENT NUMBER: P20000043284
ne enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
RAY Dominque 2 Name of Contact Person
Sman RT, LLC Firm/Company
0000 Wet 33 W. bar/ 8
Address
B200 West 33 AVE bay B Address Hialegh FL 33016 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
Ray Domin que 2 at (305) 764 - 6179 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
closed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RAE MAGO 666, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P20000043284

P20000	043284
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following am
A. If amending name, enter the new name of the corporat	ion:
	The
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	.
,	
	Ω2
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
Signature of	New Registered Agent, if changing
	e e vymmene
Charle if and inchin	

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 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of earliestent, 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 to a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	ь	Rafael Asmel Bague Sanchez	474 E 63th ST Hialeah, FL 330
Add			
Remove			
2) Change		_	
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
	*
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
lf an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(у на аррасите, такие ком)	
10.50	

The date of each amendment(s) addate this document was signed.	doption:, if o
-	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareh
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,
	(voting group)
Dated OG Signature	2020 How president or other officer – if directors or officers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typedor printed name of person signing) Reque Sour
	President
	(Title of person signing)