12/11/2020

Division of Corporations



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To:

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238 Phone : (305)591-9448

Fax Number : (954)753-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN R EMLIANI GROUP INC

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December 14, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

R EMLIANI GROUP INC 7421 SW 64 COURT SOUTH MIAMI, FL 33143US

SUBJECT: R EMLIANI GROUP INC

REF: P20000092370

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 3 of the Amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III FAX Aud. #: H20000424477 Letter Number: 220A00025154

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently fl	led with the Florida Dept. of State)
P26000092370	
(Document Number of Co	orporation (if known)
ursuant to the provisions of section 607,1006, Florida Statutes, this Florida Statutes, the Flori	rida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the cornoration:	
ame must be distinguishable and contain the word "corporation," "com	The new
Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A pr chartered," "professional association," or the abbreviation "P.A."	
8. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	020
· · · · · · · · · · · · · · · · · · ·	
-	· •
Enter new mailing address, if applicable:	٠٠
(Mailing address MAY BE A POST OFFICE BOX)	
•	
. :	<i>い</i>
-	ω
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	in Florida, enter the name of the
(Florida street a	address)
•	·
New Registered Office Address: (City	y) , Florida (Zip Code)
<u>.</u>	
Yew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Company of Marin Process	tered Agent, if changing
Signature.of New Regis	tereu ngent, ij changmg

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	$\overline{\Lambda}$	Mike Jones	
_ X . Åd₫	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	JAIRO R EMILIANI	7421 SW 64 COURT
Add,			SOUTH MIAMI, PL 33143
Rémove	VP	TENÎLLE Ř EMILIANI	7421 SW 64 COURT ~
2) Add			SOUTH MIAMI, FL 33143
Remove 3)Change			
Add			
Remove 4)Change			<u></u> ω
Add			
Remove 5) Change			
Add			
Remove 6)Change			
Add			
Remove			444