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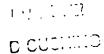
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: RAD HOME GOO	ODS CORP		
	NUMBER: P21000084433		_	
	ticles of Amendment and fee are s	ubmitted for filing.		
Please return all	correspondence concerning this m	atter to the following:		
	QUENTIN FLORES			
		Name of Contact Persor	1	
	RAD HOME GOODS COR	P		
		Firm/ Company		
	4801 SW 6TH ST			
		Address		
	CORAL GABLES, FL 3313	34		
		City/ State and Zip Code	e	
	quentinbuyshouses@gmail.c	com		
		ised for future annual report	notification)	
For further infor	mation concerning this matter, plea		896-0713	
-	Tame of Contact Person	at (210) de & Daytime Telephone Num	ber
	eck for the following amount made		•	
S35 Filing F	Cee ☐ S43.75 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)	;
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

RAD HOME GOODS CORP

(Name of Corporation	on as currently filed with the Florida Dept. of Sta	<u>ute</u>)	
P21000084433		_	
(Docum	ent Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the	e following amend	ment(s) to
A. If amending name, enter the new name of the co	rporation:		
N/A		The n	ew
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation name mi	abbreviation "Corp	·. "
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> </u>		_
			- .,
		 (=:	5
D. If amending the registered agent and/or register new registered agent and/or the new registered of		•	, <u>,</u>
Name of New Registered Agent		·	ذ
Name to the negative rigen.		 :	
	(Florida street address)		က ' က
New Registered Office Address:	. Florid	i Ga	ػ
New Registered Office Address.	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the	position.	
Signa	nure 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)

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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	ROSALIA QUINTANA	4801 SW 6TH ST
Add			CORAL GABLES, FL 33134
X Remove			
2) Change	DIR	AILYN MIGUEL	8764 SW 12TH ST APT 205
Add			MIAMI, FL 33174
X Remove Change	РТ	QUENTIN FLORES	909 NE LOOP 410
X Add			SAN ANTONIO
Remove			TX. 78217
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

Α	ial sheets, if necessa				
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lf an <u>a</u> mendm	ent provides for an	exchange, reclassifi	<u>cation, or cancellati</u>	on of issued shares,	
	implementing the	<u>amendment it not c</u>	ontained in the ame	endment itself:	
provisions for	nicame, maicate 1872	1)			
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The date of each amendment	(s) adoption:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90) days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for 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)
07/07/2	2022
Dated	
C.	
sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ROSALIA QUINTANA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)