P22000014764

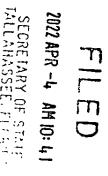
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COVER LETTER

Division of Corporations NAME OF CORPORATION: RRHHI INCORPORATED DOCUMENT NUMBER: P22000014764 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ELENA DIAZ Name of Contact Person GLADES COMPANY SERVICES CORP Firm/ Company 1940 Wilson Street Address HOLLYWOOD, FLORIDA 33020 City/ State and Zip Code ediaz@gladescs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (754) 423-0558

Area Code & Daytime Telephone Number Elena Diaz 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RRHHI INCORPORATED (Name of Corporation as currently filed with the Florida Dept. of State) P22000014764 (Document Number of Corporation (if known)		202 SE	
		itate) > 2 2 1	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Floridu Profit Corporation adopts	the following an endoncent
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". >	1 professional corporation name	e abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent at new registered agent and/or the new			the
Name of New Registered Agent	N/A		
name of New Registricingen	1	· · · · · ·	
	ıFlorida str	eet address)	
M. D. C. LOW.	N/A		
New Registered Office Address:		, Flor (City)	ida(<i>Zip Code</i>)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar v	<u>:</u> with and accept the obligations of th	re position.
	Signature, of V B	egistered Agent, if changing	
	agnature of New Ro	едіметса Адепі, іј спапдінд	

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)

__ Add

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.

Example: X Change <u>PT</u> John Doe X Remove \underline{V} Mike Jones \underline{X} Add ŞΥ Sally Smith Type of Action Title Name | Address (Check One) P/S TOPACIO SERVICES LLC 6175 NW 153rd Street, Suite 201 1) ____ Change MIAMI LAKES, FL 33014 ___ Add _ Remove 6175 NW 153rd Street, Suite 201 P/S Laura N SANCHEZ 2) ____ Change MIAMI LAKES, FL 33014 Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change ___ Add ___ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change

	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
/A					
	· · · · · · · · · · · · · · · · · · ·				
<u>If ar</u>	imendment provides for an exchange, reclassification, or cancellation of issued shares,				
pro	isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)				
A	p nor approxime, mucate (1921)				
^ `					
					

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amend e sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(s	
"The number of votes of	rast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
April 1 Dated	st. of 2022	
Signature	and surely	
sele	a director, president or other officer – if directors or officers have not beted, by an incorporator – if in the hands of a receiver, trustee, or oth ointed fiduciary by that fiduciary)	
	LAURA N. SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	