P22000015922

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COVER LETTER

RIMORO, INC. NAME OF CORPORATION: _____ P22000015922 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIKLOS VARGA Name of Contact Person

Firm/ Company 509 E. SHERIDAN ST APT. 204 Address DANIA BEACH, FL 33004 City/ State and Zip Code NOTARYUSA2000@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number

TO: Amendment Section

Division of Corporations

MIKLOS VARGA 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)

Mailing Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahasasa Et 20214 Street Address Amendment Section

Division of Corporations The Centre of Tallahassee 2415 N. Manua Conast Cules 910

	Articles of Amendment		
	to		40 8
	Articles of Incorporation		
	of		;;; <u>;</u>
	RIMORO, INC.		2022 JUN 21
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
(<u>Name of</u>	Corporation as currently filed with the Flor	rida Dept. of State)	77
	P22000015922		PH PH
	(0)		- For 23
	(Document Number of Corporation (if known	iwn)	92 0
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corp</i> e	oration adopts the follow	ving amendment(s
A. If amending name, enter the new na-	me of the corporation:		
			The new
"chartered," "professional association," of B. Enter new principal office address, it (Principal office address MUST BE A ST	f applicable:		
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>			
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	l/or registered office address in Florida, ente registered office address:	er the name of the	
-	(Florida street address)		
	(
New Registered Office Address:		, Florida	
The state of the s	(Citv)	(Z	ip Code)
New Registered Agent's Signature, if ch	anging Registered Agent:		

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

Frample:

X Change	<u>PT</u> <u>Joh</u>	n Doe			
X Remove	<u>V</u> <u>Mil</u>	Mike Jones			
X Add	<u>SV</u> <u>Sal</u>	ly Smith			
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
(Check One) X 1) Change	РД	BELANE HAZADI	677 N. WASHINGTON BLVD #57		
Add			SARASOTA, FL 34236		
Remove X 2) Change	VP.S	BELA HAZADI	677 N. WASHINGTON BLVD #57		
Add			SARASOTA, FL 34236		
Add Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove			<u> </u>		
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Att	mending or adding additions ach additional sheets, if necess	sary). (Be specifi	c)		
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T Ifa	n amendment provides for a	n evchonge reclas	cification or can	callation of issued s	30 PAC
. <u>11 a</u>	ovisions for implementing th	ie amendment if n	ot contained in th	e amendment itself	14163,
<u> </u>	(if not applicable, indicate N	√/A)			•
		,			

	<u> </u>				
					

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date vit of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) for approval.	
must be separately provided for each vol	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
•	(voting group)	-
JUNE/13/202	2	2022 JUN PALLAHAS
Dated		
Signature	Tan this	21 SSE
(By a director, r	resident or other officer - if directors or officers have not been	
	incorporator - if in the hands of a receiver, trustee, or other court	₩ ₀ = 1
appointed fiduc	iary by that fiduciary)	LED 21 PM 2: 36 CY of STATE SEE, FLORID/
	JAMAS VIZIN	
	(Typed or printed name of person signing)	
	∨?. s	
	(Title of person signing)	