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A. RAMSEY

JAN 1 / 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: RD NETWORK ENT	ERPRISES CORP	
	P72000047380		
DOCUMENT NUMBE		aited for filing	
	Amendment and fee are subn		
Please return all corresp	ondence concerning this matte	r to the following:	
к	AUL DIAZ OLIVEROS		
_		Name of Contact Person	
F	D NETWORK ENTERPRISE	ES CORP	
_		Firm/ Company	
ì	0550 CITY CENTER BLVD		
-		Address	
Ī	PEMBROKE PINES FL 3302:		
		City/ State and Zip Code	
1	rufigar@hotmail.com		
-	E-mail address: (to be use	ed for future annual report r	notification)
For further information	concerning this matter, please	e call:	
RAUL E DIAZ OLIV	EROS	786	863-7246 le & Daytime Telephone Number
	of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	riment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

2022 ACT IS DAILS IN

RD NETWORK ENTERPRISES CORP	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P22000047380	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	·· /·· -3
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name of the ress:
(Floric	la street address)
. cm . LL	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	gent: liar with and accept the obligations of the position.
Signature of N	lew 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 = ChiefExecutive 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check Onc)	MGR	LUIS R DIAZ TRUJILLO	10550 CITY CENTER BLVD
Change			APT 208
X Add			PEMBROKE PINES FL 33025
Remove			
2)Change			
Add			
Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessa					
NG MGR LUIS R DIAZ TRUJI					
					_
					_
		<u> </u>			
<u></u>					
					
					
					
an amendment provides for a	abando reclassifi	cation or cancells	ation of issued shar	es,	
an amendment provides for a provisions for implementing the	he amendment if not o	ontained in the ar	nendment itself:	_	
(if not applicable, indicate i	V/4)				
					<u> </u>
					
			<u> </u>		

	AUGUST 5, 2022, if other than the
The date of each amendment late this document was signed	(s) adoption:
iate this document was signed	AUGUST 05, 2022
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	this 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/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/we by the shareholders was/v	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of voto	es cast for the amendment(s) was/were sufficient for approval
by	;
	(voting group)
	10-10-22
Dated	Val Die
Signature (By a director, president or other officer if directors or officers have not been
	selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary
	RAUL E DIAZ OLIVEROS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)