

P22000081430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

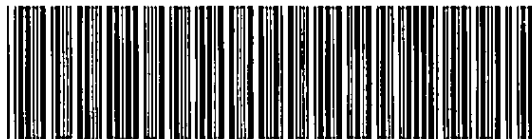
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FLORIDA TREASURE CLAIMS, INC.

DOCUMENT NUMBER: P22000081430

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL ZAYAS as Vice President and R/A  
\_\_\_\_\_  
Name of Contact Person  
c/o RUSH Evictions, Inc.  
\_\_\_\_\_  
Firm/ Company  
7350 NW 77th Street  
\_\_\_\_\_  
Address  
Medley, FL 33166  
\_\_\_\_\_  
City/ State and Zip Code  
rzayas@rushevictions.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R      RAUL ZAYAS      at (      305      )      790-8090  
\_\_\_\_\_  
Name of Contact Person      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                          |                                                                        |                                                                                                                |                                                                                                                            |
|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ORIGINAL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2023

RAUL ZAYAS  
C/O RUSH EVICTIONS, INC.  
7350 NW 77TH STREET  
MEDLEY, FL 33166

SUBJECT: FLORIDA TREASURE CLAIMS, INC.  
Ref. Number: P22000081430

We have received your document for FLORIDA TREASURE CLAIMS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the type of action for each officer listed in your document.

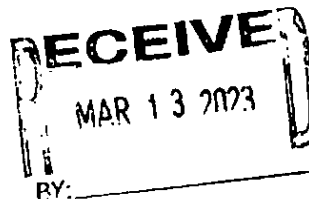
Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 723A00003389



Articles of Amendment  
to  
Articles of Incorporation  
of

FLORIDA TREASURE CLAIMS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000081430

(Document Number of Corporation (if known))

2023 MAR 13 PM 4:58

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

TREASURE HUNT CLAIMS, Inc.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

2520 Coral Way, Suite 2-411

Miami, Florida 33145

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

2520 Coral Way, Suite 2-411

Miami, Florida 33145

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing 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

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

|                                         |                |                            |                                    |
|-----------------------------------------|----------------|----------------------------|------------------------------------|
| 1) <input type="checkbox"/> Change      | <u>Pres</u>    | <u>FRANCOIS ZAYAS, DDS</u> | <u>2520 Coral Way, Suite 2-411</u> |
| <del><input type="checkbox"/> Add</del> |                |                            | <u>Miami, Florida 33145</u>        |
| <input type="checkbox"/> Remove         |                |                            | <u></u>                            |
| 2) <input type="checkbox"/> Change      | <u>V. Pres</u> | <u>RAUL ZAYAS</u>          | <u>same as above</u>               |
| <del><input type="checkbox"/> Add</del> |                |                            | <u></u>                            |
| <input type="checkbox"/> Remove         |                |                            | <u></u>                            |
| 3) <input type="checkbox"/> Change      | <u></u>        | <u></u>                    | <u></u>                            |
| <input type="checkbox"/> Add            |                |                            | <u></u>                            |
| <input type="checkbox"/> Remove         |                |                            | <u></u>                            |
| 4) <input type="checkbox"/> Change      | <u></u>        | <u></u>                    | <u></u>                            |
| <input type="checkbox"/> Add            |                |                            | <u></u>                            |
| <input type="checkbox"/> Remove         |                |                            | <u></u>                            |
| 5) <input type="checkbox"/> Change      | <u></u>        | <u></u>                    | <u></u>                            |
| <input type="checkbox"/> Add            |                |                            | <u></u>                            |
| <input type="checkbox"/> Remove         |                |                            | <u></u>                            |
| 6) <input type="checkbox"/> Change      | <u></u>        | <u></u>                    | <u></u>                            |
| <input type="checkbox"/> Add            |                |                            | <u></u>                            |
| <input type="checkbox"/> Remove         |                |                            | <u></u>                            |

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(if not applicable, indicate N/A)

[illegible]

November 7th, 2022

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

November 7th, 2022

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

Dated NOVEMBER 8th, 2022

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 ZAYAS,

(Typed or printed name of person signing)

as Vice President and Registered Agent

(Title of person signing)