Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001763473)))



H230001763473ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| _ | | |
|---|--------|--|
| τ | \sim | |
| | u | |

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HOSSAIN & ASSOCIATES P.A.

Account Number : 120210000150

Phone : (786)688-0011

Fax Number : (305)570-1727

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| ∞ | Email | Addr |
|----------|-------|------|
| つ | | |
| ٠. | | |
| У | | |
| | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN RTN WHOLESALE INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 96 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu Corporate Filing Menu



TO: Amendment Section

Fax: 13055701727

Tallahassec, FL 32314

To:

Page: 2 of 5

COVER LETTER

| Division of C | Corporations | | | |
|--------------------------|--|--|---|----------------------|
| NAME OF COR | PORATION:RTN WHOLESAL | LE INC | | _ |
| | UMBER: P23000031236 | | | |
| | | | | - |
| The enclosed Arti | icles of Amendment and fee are su | bmitted for filing. | | |
| Please return all c | correspondence concerning this ma | tter to the following: | | |
| | NITALSAHA | | | |
| | | Name of Contact Person | 1 | |
| | RTN WHOLESALE INC | | | 28 |
| | | Firm/ Company | | 13 K |
| | 1420 NW 33 ST | | | |
| | | Address | | 三 三 |
| | MIAMI, FL 33142 | | | |
| | | City/ State and Zip Cod | c | 2023 HAY 11 AM 9: 00 |
| | HASSOCIATESPA@GMAI | | | 一門日 |
| | E-mail address; (to be u | sed for future annual report | notification) | • |
| For further inform | nation concerning this matter, plea | se call: | | |
| NITAI SAHA | | at (|) 219-9192 de & Daytime Telephone N | |
| N: | ame of Contact Person | Arca Co | de & Daytime Telephone N | umbei |
| Enclosed is a che | ck for the following amount made | payable to the Florida Dep | artment of State: | |
| S35 Filing Fe | ce U\$43.75 Filing Fee & Certificate of Status | ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | El\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | Mailing Address Amendment Section | | Address Iment Section | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Fax: 13055701727

Ta.

Articles of Amendment to Articles of Incorporation of

| RTN WHOLESALE INC | | | | |
|--|----------------------------|---|--|--------|
| (Name o | f Corporation as currer | tly filed with the Florida Der | nt. of State) | |
| P23000031236 | | | | |
| | (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, th | is Florida Profit Corporation : | adopts the following amendments | (s) to |
| A. If amending name, enter the new na | ime of the corporation: | | | |
| | | | The new | |
| name must be distinguishable and contain "Inc." or Co.," or the designation "C "chartered," "professional association," | "orp," "Inc," or "Co". | A professional corporation | " or the abbreviation "Corp.," name must contain the word | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 1420 NW 33 ST | 20 | |
| | | MIAMI, FL 33142 | 23 HA | |
| | | | | - CEN |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1420 NW 33 ST |)SSE | n |
| | | MIAMI, FL 33142 | 9: 0 FIA | |
| | | auch Albert Bill feite Westerhalb vonder 400 f. A mittelle de emittel entre entre | | |
| | | | A risk to the state of the stat | |
| D. If amending the registered agent ar new registered agent and/or the new | | | ame of the | |
| Name of New Registered Agent | NITALSAHA | | | |
| | 1420 NW 33 ST | | | |
| | ıFlorida | street address) | A second control of the control of t | |
| New Registered Office Address: | MIAMI | | , Florida 33142 | |
| | | (City) | (Zip Code) | |
| | | | | |
| New Registered Agent's Signature, if e Thereby accept the appointment as regist | | | ons of the position. | |
| | CM | | | |
| The state of the s | Signature of New | Registered Agent, if changing | The second secon | |
| Charle if anythoddo | | | | |

Check if applicable

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

From: Mostata Hosaain Fax: 13055701727 To: Fax: (850) 617-6380 Page: 4 of 6 05/11/2023 2:30 PM

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:

 $P = President; \ V=Vice\ President; \ T=Treasurer; \ S=Secretary; \ D=Director; \ TR=Trustee; \ C=Chairman\ or\ Cierk; \ CEO=Chief\ Executive\ Officer; \ CFO=Chief\ Financial\ Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 | PT | John Doe | |
|----------------------------|-----------|--------------------|--|
| X Remove | <u>V</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Saily Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | VP | TARIQ MAJEED | 15600 NE 5 CT |
| Add | | | NORTH MIAMI, 15 33162 |
| X Remove | | | |
| 2) X Change | P | NITALSAHA | 3065 SW 163 AVE 25 |
| Add | | | MIRAMAR, FL 330年。 |
| Remove 3) X Change | VΡ | MOHAMMAD ABDUR ROB | 1420 NW 33 ST |
| Add | | | MIAMI, FL 33142 |
| Remove | | | |
| 4) Change | | | 4 |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | and the control of th |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

From: Mostala Hossain

Fnx: 13055701727

To.

Fax: (850) 617-6380

Page: 6 of 6

05/11/2023 2:30 PM

| The date of each amendment(s) adoption: | r than the |
|--|---------------|
| 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 lis document's effective date on the Department of State's records. | ted as the |
| 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. | .er |
| 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 shateholders 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 | |
| | ক্লন <u>ে</u> |
| (voting group) O5/10/2023 Dated Signature W Signature | |
| Signature (Hy a director, president or other officer - if director as all a signature of the signature of th | |
| (Hy 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 count appointed fiduciary by that fiduciary) | |
| NITALSAHA | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |