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(((H23000350362 3)))



H230003503623ABCY

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HOSSAIN & ASSOCIATES P.A.

Account Number : I20210000150 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 Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN \mathbb{R}^{33} RTN WHOLESALE INC

Certificate of Status	0
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Tallahassee, Fl. 32344

COVER LETTER

TO: Amendment Se Division of Cor				
NAME OF CORPO	DRATION: RTN WHOLESA	LE INC		
DOCUMENT NUN	IBER: P23000031236			-
The enclosed Article	s of Amendment and fee are st	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	NITAI SAHA			
		Name of Contact Person	1	
	RTN WHOLESALE INC			
		Firm/ Company		
	3065 SW 163RD AVE			
				
	MIRAMAR, FL 33027			
	City' State and Zip Code			
	HASSOCIA FESPA@GMAI	H.,COM		001
	E-mail address; (to be us	sed for future annual report	notification)	ن ک
For further information	on concerning this matter, plea	se call:		2023 OCT - 5 AM 10: 27
NITAI SAHA		786 arr	210-0103): 27
Name of Contact Person		Area Co	de & Daytime Telephone Nui	mber
Enclosed is a check f	or the following amount made	payable to the Florida Depo	irtment of State;	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendment Section Ame Division of Corporations Divis		Address ment Section n of Corporations entire of Tallahassee		

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

Fnx: 13055701727

To.

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) 031236 (Document Number of Corporation (if known) to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to	•	Ð	f				
(Document Number of Corporation (if known) to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) the soft Incorporation: aending name, enter the new name of the corporation: The new set be distinguishable and contain the word "corporation," "company, "or "incorporated" or the abbreviation "Corp." or Co.," or the designation "Corp.," "line," or "Co" of professional evolution amendment contain the word ed "professional association," or the abbreviation "Total". In new principal office address, if applicable: all office address MUST BE A STREET SIDDRESS (MIRAMAR, FL 33027) MIRAMAR, FL 33027	RTN WHOLESALE INC						
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3065 SW 163RD AVE	Name of New Registered Agent	NITAI SAHA					
		3065 SW 163RD AVE					
th larida street address:		th larida st	rect address)				
110.000	New Registered Office Address:	MIRAMAR		, Florida 3	3027		
New Registered Office Address: MIRAMAR . Florida 33027			(City)	_	(Zip Code)	_	
	D. <u>If amending the registered agent an</u> new registered agent and/or the ne <u>Name of New Registered Agent</u>	nd/or registered office add w registered office addres NITALSAHA 3065 SW 163RD AVE (Florida SE	lress in Florida, enter the na	7	3027) HI 10. C .	AH 10: 27
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New Registered Office Address: Florida Florida							
Now Registered Office Address: (Cit.) Florida (Zip Code) Sistered Agent's Signature, if changing Registered Agent:		VKI	<u>.</u>				
New Registered Office Address: (City) (Zip Code) Sistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		<u> </u>	January and I Carpar at Alamania				
New Registered Office Address: (City) (Zip Code) Sistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		Signature of Activity	ведіметса адені, ў спапуту				
Now Registered Office Address: Florida Zip Codes (Cite) Zip Codes zistered Agent's Signature, if changing Registered Agent:							

Check if applicable

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

From: Mostata Hossain Fax: 13055701727 To. Fax: (850) 617-6380 Page: 4 of 6 10/05/2023 2:15 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)

Example:

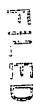
Please note the officer-director title by the first letter of the office title

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 Doc 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.

X_Change	<u>PT</u>	John Doe		
\underline{X} Remove	\underline{V}	Mike Jones		
\underline{X} Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>l'itle</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	MOHAMMAD ABDUR ROB	1420 NW 33 ST	
Add			МІАМІ, ГІ. 33142	
X Remove				
2)Change			2023	
Add			2023 OCT	
Remove			, d	
Add			H 10: 2	
Remove			FA 27	
4) Change				
Add			- 100 - 100	
Remove				
51 Change			Commission of the Commission o	
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). Be specific)	
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	15 K
The second secon	
 If an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the a 	minon of issued shares, mendment itself:
(if not applicable, indicate NA)	



From: Mostala Hossain

Fax: 13055701727

Ta:

Fax. (850) 617-6380

Page: 6 of 5

10/05/2023 2:15 PM

The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if applicable:	tno more than 90 days after amendment file dater	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and s	dh.jjjholder
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendments sufficient for approval. Grapproved by the shareholders through voting groups. The following statement may	
☐ The amendment(s) was/were a must be separately provided fe	pproved by the shareholders through voting groups. The following statement of a reach voting group entitled to vote separately on the amendmentis:	AH 10: 28
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	- 100 - 100 - 100
by	(voling group)	
10/05/203 Dated Signature <	23 	
(By a select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
	NITAI SAHA	
	(Typed or printed name of person signing)	***************************************
	PRESIDENT	
	(Title of person signing)	