P23000068831

(Requestor's Name)
(8.44)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800417141408

2023 OCT 10 AM 11: 06

RECEIVED

2023 OCT 10 PM 3: 35

CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

10/10/2023

D	Acc#120160000072
	Acc#I20160000072
Name:	Rafter Corp.
Document #:	
Order #:	15167708
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 43.75

Thank you!

Articles of Amendment to Articles of Incorporation

FILED

2023 OCT 10 AM 11: 06

Rafter	Corp. Sever Marcher.
(Name of Corporation as current)	y filed with the Florida Dept. of State HASSEE, FLORID
P230000	068831
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
n/a	The new
name must be distinguishable and contain the word "corporation," "("Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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 addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
	•
Name of New Registered Agent	
(Florida stre	et address;
New Registered Office Address:	City) (Zip Code)
	(inposito)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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)

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 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

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	C <u>EOST</u>	Tereşita Villamil	11353 Wedgemere Drive
X Add			Trinity, Florida 34655
Remove			
2) Change	<u> </u>	Rafael Gonzalez Capilla	Avenida de los Cantillos, Number
X Add			Sector XXV, Velilla de San Anton
Remove 3) Change			Madrid, Spain
Add			
Remove			<u> </u>
4) Change		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	onal sheets, if necessary).	(Be specific)			
	— 				
	<u> </u>				
,					
	• 				
					
					·
					·· ·
			· · ·		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		- 		· · · · · · · · · · · · · · · · · · ·	
<u> </u>					
·					 -
		·	·		·
r. <u>It an amendme</u>	ent provides for an exch	ange, reclassification	<u>, or cancellation of i</u>	ssued shares,	
	r implementing the amer	<u>ndment if not contain</u>	ed in the amendmen	<u>rt itself:</u>	
<u>provisions</u> for	olicable, indicate N/A)				
<u>provisions</u> for					
provisions for (if not app					
provisions for (if not app			<u> </u>		
provisions for (if not app			-	<u>-</u> -	
provisions for (if not app			-	-	
provisions for (if not app					
provisions for (if not app					
provisions for (if not app					
<u>provisions</u> for					
provisions for (if not app					
provisions for (if not app					
provisions for (if not app					
provisions for (if not app					
provisions for (if not app					
provisions for (if not app					
provisions for (if not app					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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	FIL INFLANCES
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)	AMIL: 06
Teresita Villamil	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	