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#### **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: RST MULTISERV	TCES CORP			
DOCUMENT NUM	BER: P23000079281				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	RAMIRO SUAREZ				
		Name of Contact Person			
	RST MULTISERVICES CO	RP			
	Firm/ Company				
	5705 SW 139TH PLACE				
		Address	_		
	MIAMI, FL 33183				
		City/ State and Zip Code			
	RAMIROSUAREZ0311@G	MAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
RAMIRO SUAREZ		786 au (	307-4415 le & Daytime Telephone Number		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 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)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 labassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303		

#### Articles of Amendment to Articles of Incorporation of

RST MULTISERVICES CORP

(Name of Corporation	as currently filed with the Florida Dept. of State)
P23000079281	ras currently fried with the Fiorida Dept. of State)
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i></i>
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered of	Mice address:
Name of New Registered Agent	
	(Florida street address)
Now Bookins and Office Address in	Florida
New Registered Office Address:	(City) /Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
<del></del>	
Signat	ture of New 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 = 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	<u>PT</u>	John Doe		
X Remove	V	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	S	YUSBEL SUAREZ	5705 SW 139TH PLACE	
X Add			MIAMI, FL 33183	<u> </u>
Remove				_
2) Change	<del></del>			
Add				
Remove 3) Change		<del>-</del>		— : — :
Add				_ :
Remove				
4) Change				_ 중
Add				
Remove				_
5) Change	<del></del>	···		
Add				
Remove				_
6) Change	<u> </u>			_
Add				<u></u>
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
/A		
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		· ·
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	<del>,</del>
provisions for implementing the amo	endment if not contained in the amendment itself:	-
(if not applicable, indicate N/A)		•
Α		-
-		· .
·		<u> </u>
	- · · · · · · · · · · · · · · · · · · ·	
	-	

The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
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 no Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and sha	nreholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(vating group)	
	(voting group)	
DatedSignature	A COD	7
(By a select	director, president or other officer—if directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	RAMIRO SUAREZ	Č,
	(Typed or printed name of person signing)	
	PRESIDENT	된 (건
	(Title of person signing)	