## Pa4000018973

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: RUBIELAS CORF		<u> </u>
DOCUMENT NU	MBER: P24000018973		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	RUBIELA ROSARIO		
		Name of Contact Persor	1
	RUBIELAS CORP		
	<del></del>	Firm/ Company	
	9286 SW 5TH STREET APT	`A	
		Address	
	BOCA RATON FL 33428		
		City/ State and Zip Code	2
	rufigar@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
RUBIELA		at (	de & Daytime Telephone Number
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

**RUBIELAS CORP** 

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P24000018973		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s 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". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp"  A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	9286 SW 5TH STREET APT A	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON FL 33428	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9286 SW 5TH STREET APT A	
	BOCA RATON FL 33428	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
Signature of New	Registered Agent, if changing	
·	and the second of countries of	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (e), F.S.	

If amending or adding additional Articles, enter change(s) here:	
Attach additional sheets, if necessary). (Be specific)	
IENDING ADDRESS TO CORRECT AN ADD APT A	
<del>-</del>	
If an amendment provides for an exchange, reclassification, or cancellation of issued shat provisions for implementing the amendment if not contained in the amendment itself:	res,
(if not applicable, indicate N/A)	
	<del></del>
	- <u>-</u>
	<u>.</u>
<del></del>	

. . .

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> 179</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

The date of such amondment (a) as	04/27/2024	if other than th
'he date of each amendment(s) ac ate this document was signed.	option:	, if other than the
<del>-</del>	//2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after	amendment fîle date)
Note: If the date inserted in this blocument's effective date on the De		ry filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)
	roved by the shareholders through voting each voting group entitled to vote separate	
"The number of votes cast	or the amendment(s) was/were sufficient	for approval
by		
,	(voting group)	
APRIL 27. Dated	2024	
	rector, president or other officer - if direct	
selected	rector, president or other officer - if direct, by an incorporator - if in the hands of a ed fiduciary by that fiduciary)	
	(Typed or printed name of per	SK 210
	(Typed or printed name of per	son signing)
	(Title of person signing)	<u></u> .

