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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GALE MIAMI 16	01 INC		
DOCUMENT NUME	BER:			_
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	XAVIER VITERI			
		Name of Contact Person	1	
	VITERI FINANCIAL CORF	PORATION		
		Firm/ Company		ाह हुन्
	7742 N. KENDALL DRIVE	• •		:
	1	Address		
	MIAMI, FL 33156			
		City/ State and Zip Code	e	
	XAVIER@VITERIFINANCIAL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	786	262-1237	
Name of Contact Person		at (Area Co) de & Daytime Telephone }	Number
Enclosed is a check fo	the following amount made		•	
\$35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 8 ssee, FL 32303	310

Articles of Amendment to Articles of Incorporation of

GALE MIAMI 1601 INC					
	urrently filed with the Flor	ida Dept. of State)			
P24000024706					
(Document Nu	imber of Corporation (if know	wn)			
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	es, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) t			
A. If amending name, enter the new name of the corpora	tion:				
RRC MIAMI 01 INC		The new			
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "("chartered," "professional association," or the abbreviation	Co". A professional corpo	porated" or the abbreviation "Corp.,"			
B. Enter new principal office address, if applicable:	NIA	NIA			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA				
		eige — · ·			
		11, 52			
 If amending the registered agent and/or registered offinew registered agent and/or the new registered office; 		r the name of the			
	adoress:				
Name of New Registered Agent M A	**				
	=				
tFh	orida street address)				
New Registered Office Address:		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered	l Agent:				
hereby accept the appointment as registered agent. I am fa		bligations of the position.			
4/4					
Signature of	New Registered Agent, if ch	anvins			

Check if applicable \Box 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:

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

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	NAVEFN K CHEPURI	29B E MAPLE ST	
Add			MASSAPEQUA, NY 11758	
X Remove 2) Change	MGR	RRC Consulting and Investments LLC	29B E MAPLE ST	
X Add —— Remove 3) Change			MASSAPEQUA, NY 11758	
Add Remove				
4) Change Add				
Remove Change				
Add				
6) Change			- 58 E 8	
Remove				

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provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ation, or cane	ellation of issue amendment it	ed shares, self:	·	
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provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ation, or canc	ellation of issue	ed shares, self:		
If an amendment provides for an exchange, reclassifice provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ation, or cane	ellation of issue amendment it	ed shares, self:		

•

The date of each amendment(s) a	doption:	, if other than the
date this document was signed. API Effective date <u>if applicable</u> :	RH. 18, 2024	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing recognition of State's records.	juirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for fficient for approval.	or the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	l.
by		
	(voting group)	297
04/18/2024		**
DatedSignature	M. 1.4	
(By a d selecte	rector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	
	XAVIER VITERI	<u> </u>
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	