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SECRETARY OF STATE TALLAHASSEE, FL

2024 AUG 22 PH 2: 19

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: RT78 INC					
DOCUMENT NUMI						
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	SVETLANA GNATIUK					
		Name of Contact Perso	n			
		Firm/ Company				
	400 SUNNY ISLES BL VD	APT 321				
		Address				
	SUNNY ISLES BEACH, FL	. US 33160				
		City/ State and Zip Cod	e			
	franklintaxlimited@gmail.co	m				
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:		SE(202	
Anna Berestovsky		at (765 1416	ECRETARY OF STATI	2024 AUG 22	~17
Name of Contact Person Area Code & Daytime Telephone Num		nber 王	22	f 1		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	3388 740.	РН	
S35 Filing Fee	□\$43.75 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)	STATE , FL	PH 2: 19	U
Amo Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RT78 INC	
	urrently filed with the Florida Dept. of State)
P24000038346	
(Document Nu	ımber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation;	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable:	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
(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 new registered agent and/or the new registered office as 	Ce address in Florida, enter the name of the ddress:
Name of New Registered Agent	MA PS T
	rida street address) Florida Florida
New Registered Agent's Signature, if changing Registered	(City) (Zip Code)
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
<u></u>	NIA
Signature of i	New Registered Agent, if changing

Check if applicable

 $[\]square$ 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 <math>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> <u>J</u>	John Doe	
X Remove	<u>V</u> <u>1</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) X Change	P	SVETLANA GNATIUK	400 SUNNY ISLES BLVD
Add			APT 321, SUNNY ISLES BEACH,
Remove			FL. US 33160
2) Change			
Add			NIA
Remove 3) Change			
Add			
Remove			N/A SE SE
4) Change			N/A SECRETARIO
Add			長名 22 工
Remove			S C P
5) Change			N/A 737 2: 59
Add			——————————————————————————————————————
Remove			
6) Change			-
Add			NA
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
NIA		
	20 S	
		-11
	TALLAHASSEE,	ب معادم همداده
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	72 72 72 72 72 72 72 72 72 72 72 72 72 7	T'i
(if not applicable, indicate N/A)	SER CF	
		- -
	TA C	
N/A		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	If not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and no shareholders/ single owner)	d shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
07.22.2 Dated		
Signature	Svetlana Gnatiux	
sele	2 director procedent or other officer of disconnection of officers becomes have	2024 AUG 22 PH 2: SECRETARY OF ST TAILLAHASSEE.
	SVETLANA GNATIUK	JG 22 LAH
	(Typed or printed name of person signing)	PASSE PASSE
	VP	EF. STA
	(Title of person signing)	- FAT - 5