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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: RF Foliage, Inc.		
DOCUMENT NUM	002000010001		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Gaston Fontela		
		Name of Contact Person	1
	Nautilus Legal Services, P.A	,	
		Firm/ Company	
	150 SE 2nd Avenue, Suite Pl	H1	
		Address	
	Miami, FL 33131		
		City/ State and Zip Code	e
	gfontela49@gmail.com		
		sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Gaston Fontela		at (218-4413
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RF Foliage, Inc.	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P93000010801	
(Document Number of	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 amen
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporation," "c". "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain the \imath
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	To the state of th
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 add	race in Florida, antar the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
Traine of their registered togeth	
(Florida str	eet address)
N. D. C. LOW. (11)	m-:1.
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Thereby accept the appointment as registered agent. Tant jamittar v	van und accept the obligations of the position.
Signature of New R	egistered 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, 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; C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT a. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	Alberto J Fontela	8825 SW 100th St
Add		-	Miami, FL 33176
Remove			
2) Change	PT	Rene Cairo	8825 SW 100th St
Add			Miami, FL 33176
X Remove 3) Change	VS	Lourdes Fontela	8825 SW 100th St
X Add			Miami, FL 33176
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change		_	
Add			
Remove			

•	ding additional Art heets, if necessary).	(Be specific)	ets) treve.		
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If an amendment	nravidae far an exc	hange reclassifie	ation or cancellati	on of issued shares,	
provisions for im	plementing the am	endment if not co	ntained in the ame	ndment itself:	
	ible, indicate N/A)				
(if not applica					
(if not applied					
(if not applied					
(if not applica	and the last of	<u>-</u>			
(if not applied					
(if not applica					
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The date of each amendment(s) ad date this document was signed.	option:, if ot
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action and shareho
■ The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
• •	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
•	Alberto J Fontela
-	(Typed or printed name of person signing)
	President
•	(Title of person signing)