P94000069290

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COVER LETTER

TO: Amendment Section § Division of Corporations

NAME OF CORPORATION: R.A. Nuno Financial Inc. DOCUMENT NUMBER: P94000069280 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert A. Nuno Name of Contact Person R.A. Nuno Financial Inc. Firm/ Company 201 Alhambra Circle Suite 703 Address Coral Gables, FL 33134 City/ State and Zip Code robert.nuno@nm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 351-3411 Area Code & Daytime Telephone Number Robert A. Nuno Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & **■**\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

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R.A. Nuno Financial Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P94000069280	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
RAN Strategic, Inc.	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	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(maning address MAT BE AT OST OFFICE DOX)	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	
Name of New Registered Agent	N/A
(Florida :	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent. I am familia	
	ν/Λ
Signature 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)

Example:

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.

X Change	PT John C	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address Zo: alhonbia Code Suite 103
1) Change	Treasurer	Liliana Nuno	Cord Gobler FC 33134
X Add			
Remove		N/A	
2) Change			
Add			
Remove 3) Change		N/A	
Add			
Remove		N/A	
4) Change		1977	
Add			
Remove		N/A	
5) Change Add			
Remove			
6) Change		N/A	
Add			
Remove			

	eets, if necessary). (i	s, enter change(s) here Be specific)			
	-				
<u>-</u> .					
					
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		N/A			
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. If an amendment pr	rovides for an exchan	ge, reclassification, or	cancellation of issued	l shares,	
	ementing the amendr	ment if not contained	in the amendment its	elf:	
provisions for impl	La indiana M/A)				
provisions for impl (if not applicable	le, indicate N/A)				
provisions for impl	le, indicate N/A)				
provisions for impl	le, indicate N/A)				
provisions for impl	le, indicate N/A)				
provisions for impl	le. indicate N/A)	N/A			
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provisions for impl	le. indicate N/A)	N/A			
provisions for impl	le. indicate N/A)	N/A			

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	t(s) adoption: if other than
date this document was signed	•
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as he Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	;``
	(voting group)
Dated	December 1, 2020
Signature	The Mo
(H	by a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court propinted fiduciary by that fiduciary)
	Robert A. Nuño
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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