## P950000 68308

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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amend

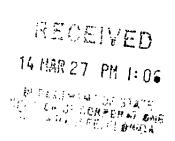
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March 13, 2014

Robert Scavuzzo RJS Consultants, Inc. 5500 NW 161st Street Miami Gardens, FL 33014

SUBJECT: R.J.S. CONSULTANTS INC.

Ref. Number: P95000068308

We have received your document for R.J.S. CONSULTANTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 814A00005553

## **Articles of Amendment**

	to Articles of Incorporation		FILED	
R.J.S. Cousus	of	2074 HAR 27	PH 4: 03	
	tly filed with the Florida Dept. of State)	we will the	OF STATE	
Dasc	200068306	TATLAHASS	EC. 11-	
(Document Numb	er of Corporation (if known)	<b>D</b>	,	
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corporation</i> a	dopts the following a	umendment(s) to	
A. If amending name, enter the new name of the	he corporation:			
		т	he new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp," "Inc," or "Co". A professional corpor	orated" or the abbi cation name must col	reviation ntain the	
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>				
	<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> BOX</u> )			
D. If amending the registered agent and/or reg new registered agent and/or the new register		me of the		
Name of New Registered Agent		-		
	(Florida street address)	-		
New Registered Office Address:	, Florida	a		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	x Registered Agent: ent. I am familiar with and accept the obligation	ns of the position.		
Signature of	of New Registered Agent, if changing	_		

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>PT</u> <u>Joh</u>	hn Doc	
-			
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	JUAN PAROPI	5500 NW 161 St
Add			5500 NW 161st Migmi Gardens, FC 33014
Remove			<u></u>
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

	necessary). (Be specif	îc)	
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			<del></del>
an amendment provide	s for an exchange, recls	ssification, or cancellatio	n of issued shares,
vardelane fan Ilar	ting the amendment if r	ssification, or cancellatio not contained in the amen	dment itself:
ruvisions for implement	licate N/A)	1 / / A	
(if not applicable, ind			
(if not applicable, ind		N/H	
(if not applicable, ind		N/H	
(if not applicable, ind		N/A	
(if not applicable, ind		N/A	
(if not applicable, ind		NIA	
(if not applicable, ind		NIA	
(if not applicable, ind		NIA	
(if not applicable, ind		NIA	
(if not applicable, ind		NIA	

The date of each amendment(s) adoption:	03	07/2	4014	_, if other than the
date this document was signed.  Effective date if applicable:	(no more than 90 days afte	D 7-   2 r amendment fil	)-014 e date)	_
Adoption of Amendment(s) (CH	ECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		votes cast for t	ne amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the amer	ndment(s) was/were sufficient	for approval		
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(vot	ing group)			
The amendment(s) was/were adopted by the action was not required.  The amendment(s) was/were adopted by the action was not required.				
Dated	K			
	ident or other officer if direction of the component of t			_
	Cozert SCAVIII (Typed or printed name	e of person sign	ing)	<del></del>
	Resibert	n siamina)		_