P97000012515

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	·	
DOCUMENT NUMBER: P97000012515		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Daniel Hernandez		
R. I. C. Inc.	Name of Contact Person	
7900 NW 155th St., Suite 1	Firm/ Company 04	
Miami Lakes, FL 33016	Address	
	City/ State and Zip Code	
Theqvhcorp@gmail.com		
E-mail address: (to be u	used for future annual report notification)	
For further information concerning this matter, plea	ase call:	
Jonathan Hernandez	305 823-5483	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

Articles	or meorporation
s. I. C. INC.	of B
(Name of Corporation as cui	rrently filed with the Florida Dept. of State)
97000012515	
(Document Num	nber of Corporation (if known)
ursuant to the provisions of section 607.1006. Florida Statutes Articles of Incorporation:	this Florida Profit Corporation adopts the following amendments
If amending name, enter the new name of the corporation	on:
	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
Enter new principal office address, if applicable:	CONTENT LODGE SEE SHEET LAKES, LLOSSILV
Principal office address MUST BE A STREET ADDRESS)	
	·
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7900 NW 155th St., Suite 104 Miami Lakes, Fl, 33016
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
Name of then Registered Agent	
	Standard address
rrior	ida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
au Bogistaned & cont. Cignoting if shousing Decistaned	4
ew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	Agent: uiliar with and accept the obligations of the position.
. (11	

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	<u>Sally Sn</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				4-3
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Auach <i>aaan</i>	g or adding additional Attional Sheets, if necessar	v). (Be specific))			
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				-		
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				,		
	~					
						
					-	-
f an ameno	dment provides for an e	xchange, reclass	ification, or canc	ellation of issued s	hares,	
(if not	for implementing the a applicable, indicate N/A) <u>menäment 11 not</u>	contained in the	amenument itsen	<u> </u>	
	-					
				<u>-</u>		
				-		
						

The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirement nent of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the ament for approval.	endment(s)
,	d by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	· ·
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by		
	(voting group)	
-	$\sqrt{2d/2d}$	
Dated	111	
Signature		
	or, president or other officer – if directors or officers have	not been
	an incorporator – if in the hands of a receiver, trustee, or c duciary by that fiduciary)	other court
sappointed in		
	(Typed or printed name of person signing)	<u>. </u>
	(Typed or printed name of person signing)	
	U.P.	
	(Title of person signing)	