## P9700072162

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JUN 1 9 2017

S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RAVINCAR ENT	ERPRISES, INC.	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	JENIFER MORRIS		
•		Name of Contact Person	
	CHAPMAN & MORRIS AC	COUNTING, PA	
•		Firm/ Company	
	150 DAL HALL BLVD		
		Address	
	LAKE PLACID, FL 33852		
		City/ State and Zip Code	•
JENIF	ER.MORRIS@YAHOO.CO	M	
		sed for future annual report	notification)
For further information	concerning this matter, pleas		465-1918
	f Contact Person	at ( 863 Area Co	de & Daytime Telephone Number
	the following amount made		•
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Florid	a Dept. of State)
297000072162		
(Docume	ent Number of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:	Statutes, this Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:	
NIA		The name
N A  ame must be distinguishable and contain the word  "Corp.," "Inc.," or Co.," or the designation "Corp."  ord "chartered," "professional association," or the a	" "Inc," or "Co". A professional c	ocorporated" or the abbreviation or
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDF</u>	RESS)	
		522
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	o NA	2/ /
	·	
If amending the registered agent and/or registere     new registered agent and/or the new registered of	d office address in Florida, enter th	ne name of the
Name of New Registered Agent ALISON E. F	- <del></del>	
135 LIME RE	D NE	
	(Florida street address)	
New Registered Office Address: LAKE PLACE	ID	Florida 33852  (Zip Code)
	(City)	(Zip Code)

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	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u> :	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	CARLOS J DURAN	135 LIME RD NE
Add			LAKE PLACID, FL 33852
Remove			
2) Change	<u> </u>	CARLOS I DURAN	135 LIME RD NE
Add			LAKE PLACID, FL 33852
X Remove			
3 ) Change	<u>D</u>	ALISON E. DURAN	9424 SW 52ND ST
XAdd			COOPER CITY, FL 33328
Remove			
4) Change	Р ———	ALISON E. DURAN	9424 SW52ND ST
X Add			COOPER CITY, FL 33328
Remove			
51 Change	<del></del>		
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

f amending or adding additional Art Attach additional sheets, if necessary)	(Be specific)	
NA		
19/18		
	-	
an amendment provides for an eyeb	ange, reclassification, or cancellation of	e
rovisions for implementing the amei	idment if not contained in the amendm	or itself
(if not applicable, indicate N/A)		icht itsta.
NA		
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- ' <u></u> '- <u>'</u> -		
- 111	-	

The date of each amendment(s)	JUNE <b>5</b> , 2017 adoption:	
date this document was signed.	adoption:	, if other than th
Effective date <u>if applicable</u> :	NF <b>i5</b> . 2017	
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
6 <b>5</b> /2017 Dated		
Signature		
(By a c selecte	firector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	_
	ALISON E. DURAN	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT aliseen Ducci	
	(Title of percon ciunina)	