P98000022614

(Re	questor's Name)	
	<u>.</u>	
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(City	y/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RICHARD VI	LLEGAS ENTERPRISE	S, INC.	
DOCUMENT NUMBER:	P980000226	514		
The enclosed Articles of Amena	<i>lment</i> and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
		Richard Villegas		
		Name of Contact Person	n	-
		President	•	
	 	Firm/ Company		_
		14719 Breakness Plac	· e	
		Address		
	Miami Lakes, FL 33016			
	·	City/ State and Zip Code		_
		hardvillegas87@yah		
For further information concern Rigoberto Gard			. 201 5000	
Name of Contact Person) 291-5888 de & Daytime Telephone Numb	
Enclosed is a check for the follo			•	
-	3.75 Filing Fee & ratificate 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 Co	Address Intent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	13.11.13.30

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

RICH	IARD VILLEGAS ENTERPRISES, INC.			
(<u>Name o</u>	f Corporation as currently filed with the Fl	orida Dept. of State)	
	P98000022614			
	(Document Number of Corporation (if kr	nown)		
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corp	poration adopts the f	ollowing amendn	nent(s) t
A. If amending name, enter the new na	me of the corporation:			
			The ne	234*
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co "chartered." "professional association."	the word "corporation," "company," or "inco orp," "Inc," or "Co". A professional corp or the abbreviation "P.A."	orporated" or the abl voration name must	previation "Corp.	
B. Enter new principal office address, i				-
Principal office address <u>MUST BE A ST</u>	CREET ADDRESS)			
				•
				
C. Enter new mailing address, if applie				
(Mailing address <u>MAY BE A POST C</u>	PFICE BOX			
				
				
D. If amending the registered agent and	Mor registered office address in Florida, en	ter the name of the		
new registered agent and/or the new				
Name of New Registered Agent	RIGOBERTO DEJESUS GARCIA			
	11501 NW 15TH CT			
-	(Florida street address)			
New Registered Office Address:	PEMBROKE PINES	, Florida	33026	
new regimered Office Plantess.	(Cip)		(Zip Code)	
New Registered Agent's Signature, if che hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar with and accept the	obligations of the pe	sition Co. 28	
			2024 F.OV	ايت.
· (6961.20° 0
	Signature of New Registered Agent, if o	ah annsinn	<u> </u>	No. (15)
	Signature of ivew Registerea Agent, if t	ланұтқ		ti grana
Check if applicable The amendment(s) is/are being filed ou	revent to s. 607.0120.0111.763. E.S.		9: ST/	
- 1 - 1 M - 21117 PRINTER THE WEST INCOME. [30:4135; 1:10:41 1:11]	130000 00 3 1007 OFFICE LETTER 1 3			

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>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	S	Jose Antonio Pardo Sr.	1130 SW 50TH TER
Add			MIAMI FL 33165
X Remove			
2) Change	S	Rigoberto Dejesus Garcia	11501 NW 15th Ct.
🗶 Add			Pembroke Pines FL 33026
Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			- 0 8 Fo F
Add			
Remove			() < () () () () () () () () () () () () ()
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(Attach additional sheets, if necessary).	(Be specific)	

.,		
If an amendment provides for an exclusions for implementing the ame	nange, reclassification, or cancellation of iss indment if not contained in the amendment	ued shares, itself:
(if not applicable, indicate N/A)	nument a not contained in the unenginess	110011
	<u> </u>	
		2024 SEC 1.
		ACM ACM
		2024 NOV -8 AM 9: 31 SECTED BY OF STATE THELE HARSEEFFL
		AM 9: 31 OF STATE SSEE, FL

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	proved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	- 24	
Signature	+bA	
selected	regior, president or other officer – if directors or officers have not be. If by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed of printed famile of person signing)	
	tresident	<u></u>
	(Title of person signing)	

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