P99000007556

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RT GENERI	AL CONSTRUCTION INC.
DOCUMENT NUMBER: P9900007555 (_
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following	owing:
RJ General Consti	Company
•	32774 and Zip Code
	andual report notification)
For further information concerning this matter, please call:	
Paul O. Fornandez at Name of Contact Person	(407) 467-1122
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:
Certificate of Status Certified	al copy is Certified Copy
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

CK + 2109

Articles of Amendment

Articles of Incorporation

RTGeneral Construction, Inc. (Name of Corporation as currently filed w P99000007537		
(Document Number of Corpora	<u></u>	
	ation (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida I</i> Articles of Incorporation:	Profit Corporation adopts the foll	owing amendment(s
If amending name, enter the new name of the corporation:	4/6	The new
me must be distinguishable and contain the word "corporation," "company, nc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess hartered," "professional association," or the abbreviation "P.A."	," or "incorporated" or the abbre sional corporation name must c	viation "Corp.," ontain the word
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	—— <i>N</i> /	~
	/×	23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/	291:0V 16
		P
	/ <i>K</i>	
If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	forida, enter the name of the	
Name of New Registered Agent Name of New Registered Agent		
(Florida street addre	. Florida_	
New Registered Office Address: IK (City)	, rionua	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: iereby accept the appointment as registered agent. I am familiar with and	accept the obligations of the posi	ition.
N/R		

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)

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>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add		y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	_S_	Wilson D. Ortega	312 E. C. ST. Erange City, Fl. 32763
Add	•		Crarge City +1: 32763
Remove		,	
2) Change		N	
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		A	
Add		. ,	
Remove			

f amending or adding additional Articles, enter Attach additional sheets, if necessary). (Be specij	<u>cnange(s) here</u> : fic)
	À
<i></i>	V
	·
	A
f an amendment provides for an exchange, recla	assification, or cancellation of issued shares.
provisions for implementing the amendment if i	not contained in the amendment itself:
(if not applicable, indicate N/A)	1
	7
	A

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The date of each amendment(s) adoption: NOV- 10, 2020 , if other than a date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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
by (voting group)
Dated
Signature
(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)
Raul O. Fernandez (Typed or printed name of person signing)
President
(Title of person signing)