POODED

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	l l

Office Use Only



400303044364

09/05/17--01033--015 **35.00

SEP 1 3 2017 S. YOUNC FILED

17 SEP -5 PN 4: 07

SECONDINARY OF STAIRS
TALKANASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RUDY GAME	ES, INC.
DOCUMENT NUMBER: P00000100570	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JEFFREY S. STEINER	
	Name of Contact Person
JEFFREY S. STEINER,	CPA. PA
	Firm/ Company
2201 NW 30 PLACE, S	UTE A
	Address
POMPANO BEACH, F	33069
	City/ State and Zip Code
rudylegui@hotmail.com	
E-mail address: (to)	pe used for future annual report notification)
For further information concerning this matter,	please cali:
JEFFREY S. STEINER	0/0.079/
	at (954) 969-8786
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

		l I		
(<u>Name</u>	of Co	poration as currently	filed with the Florida Dept. of Stat	<u>e</u>)
RUDY GAMES, INC. P00000100570				
		(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006	Florida Statutes, this F	lorida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ame o	 the corporation:		
RG DISTRIBUTING, INC.		1		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution	"Corp." "Inc." or "C	o". A professional corporation nan	The new or the abbreviation ne must contain the
B. Enter new principal office address,	ifon	plicable:	5660 NW 108 TERRACE	
(Principal office address <u>MUST BE A S</u>			CORAL SPRINGS, FL 33076	
C. Enter new mailing address, if applications address MAY BE A POST D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	od/or w reg JEF 220	registered office address:	A. PA E A t address)	FILED SECRETARY OF TATE SECRET
New Registered Office Address:	PON	MPANO BEACH	Florida, Florida	33069 (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hangi tered (gent. I am familiar wi	th and accept the obligations of the p	osition.

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President: V = Vice i Executive Officer: CFO = held. President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or D if necess rector tith President = Chief F r. Directo in the for	irector bein ary) e by the first : T = Treasu innancial Of or would be llowing man orporation.	g added: letter of the office title: rer: S= Secretary: D= Director: TR= Tru ficer. If an officer/director holds more the TD. per. Currently John Doe is listed as the P! Sally Smith is named the V and S. These sh	irector being removed and title, name, and ustee: C = Chairman or Clerk: CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John Doe	1	
\underline{X} Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith	 	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	ame	<u>Addres</u> s
1) Change	_		1	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change				
Add			, i	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			ı	

__ Remove

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (B	, enter change(s) here:
(Attach additional sheets, if necessary). (fi	e specific)
N/A	
	ı
F. If an amendment provides for an exchang	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendn	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	I

N/A	
The date of each amendment(s) adoption:	in the
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 a document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/09/17	
Dated	
Signature / 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)	
RUDOLFO LEGUISAMO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
II	