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(((H040001303173)))

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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305) 633-9696

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13 SICH OF CORPORATION

BASIC AMENDMENT

RINCON TROPICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 22, 2004

RINCON TROPICAL, INC. 4201 S.W. 75TH AVENUE MIAMI, FL 33155

SUBJECT: RINCON TROPICAL, INC.

REF: P02000012544

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please designate the registered office for the new registered agent.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan Document Specialist FAX Aud. #: H04000130317 Letter Number: 204A00041182

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H04000130	31-
Articles of Amendment to Articles of Incorporation of	
Name of corporation as currently filed with the Frida Dept. of State)	
(Document number of corporation (if known)	04 JUN 22
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation idents the following amendment(s) to its Articles of Incorporation:	RYEFFLORIE
NEW CORPORATE NAME (if changing):	: 24 TATES
(must coming the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
Recistered AGent- MARIO FERNANDA	
420.(SW)5 4 Aire	'
miami, FL. 33155	
President: blatio formande	•
V. Pridet. LAZARO A. CARHONA	
(Amech additional pages if necessary)	
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions by implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A \mathcal{A} .)

(continued)

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The date of each amendment(s) adoption: 6 2 (0 4
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(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.
Signed this 21 day of June 2004.
Signature Lecto freshold Quetty (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, mustice, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President.

FILING FEE: \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED-OFFICE

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.