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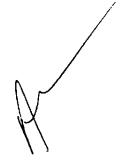


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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RDP GROUP, CO	RP.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	CARLOS E. SILVA		
-	•	Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
	RDP GROUP, CORP.		
<del>-</del>		Firm/ Company	
	5200 BLUE LAGOON DR.,	STE 130	
-		Address	
	MIAMI, FL 33126		
-		City/ State and Zip Code	;
SAMN	HIS_CAFE@YAHOO.COM		
		sed for future annual report	notification)
For further information CARLOS E. SILVA	concerning this matter, pleas		472-0715
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
	the following amount made		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

RDP GROUP, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P02000084314 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A," B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: CARLOS E. SILVA Name of New Registered Agent OBJVL LAGDUN Dr., (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	$\underline{sv}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ALMEIDA E SILVA, CARLOS AU	12496 SW 126 AVE
Add			MIAMI, FL 33186
X Remove			
2) Change	Р	CARLOS E. SILVA	12496 SW 126 AVE
X Add			12496 SW 126 AVE Mami, Fl 33186
Remove			
3 ) Change	VP	DE OLIVEIRA ALVES, PAULO	3300 SMOKE SIGNAL CIR
Add			KISSIMMEE, FL 34746
X Remove			
4) Change	VP	PAULO ALVES	12496 SW 126 AJE
X Add			MICHMIFL 33186
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Atta	<mark>ending or adding ac</mark> ch <i>additional sheets,</i> <u>j</u>	f necessary).	(Be specific)				
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f an	amendment provide	es for an excha	nge, reclassific	ation, or cance	ellation of issue	d shares.	
pro	visions for implemen (if not applicable, inc	iting the amend	lment if not co	ntained in the	amendment its	<u>elf:</u>	
	(у пот арупсане, т	neme 1471)					
	***		<u> </u>				
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The date of each amendment(s) adoption:	, if other than the
1 12017	
Effective date if applicable: 10 1/1 1/0 1/1 (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foliamust be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	hareholder
Dated 16/01/2017	
Signature	
(By a director, president or other officer – if directors or officers I selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
Carlos	E. Silva
(Typed or printed name of person signing)	President.
(Title of person signing)	