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SECRETARY OF STATE
AHASSEE FLORID

Amend Brown 8-9-11

COVER LETTER's

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	RILLAGO INC	
DOCUMENT NUM	MBER:	P08000090149	
The enclosed Articl	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
_		IAM MATAREDONA	
	. N	lame of Contact Person	
		RILLAGO INC	
		Firm/ Company	
	113	889 SW 65 STREET	
		Address	
	. MIA	MI, FLORIDA 33173	
	C	ity/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further informat	ion concerning this matter,	nlegse call	
	_	•	na. 2727
MIRIAM MATAREDONA Name of Contact Person		at (305) 30 Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate 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 Add Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

Articles of Amendment Articles of Incorporation of

RILLAGO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000090149

	Articles of Amendment to Articles of Incorporation		
	of .	47	CAR B
	LAGO, INC ,		TOU AUG & AMIN
(Name of Corporation as curre		Dept. of State)	TE F/5/42.
	000090149 nber of Corporation (if known	`	AID.
·	• •	,	
rsuant to the provisions of section 607.100 tendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flori</i>	ida Profit Corporation ac	lopts the following
If amending name, enter the new name o	f the corporation:		
			The new
ame must be distinguishable and contain obreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc,"	or "Co". A professional	
			_
			_
rincipal office address <u>MUST BE A STREE</u>	<u></u>		_
rincipal office address MUST BE A STREE Enter new mailing address, if applicable	<u></u>		
rincipal office address <u>MUST BE A STREE</u>	<u></u>		
rincipal office address MUST BE A STREE . Enter new mailing address, if applicable	<u></u>		
rincipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>)	ET ADDRESS)	lorida, enter the name o	
Principal office address MUST BE A STREE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	ET ADDRESS) L CE BOX) ———————————————————————————————————	lorida, enter the name o	f the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE If amending the registered agent and/or new registered agent and/or the new regis	ET ADDRESS) L CE BOX) ———————————————————————————————————	lorida, enter the name o	f the
. If amending the registered agent and/or 1	ET ADDRESS) L CE BOX) ———————————————————————————————————	lorida, enter the name o	f the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE If amending the registered agent and/or new registered agent and/or the new regis	ET ADDRESS) L CE BOX) ———————————————————————————————————		f the
Principal office address MUST BE A STREE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or new registered agent and/or the new registered Agent:	ET ADDRESS) CE BOX) registered office address in Festered office address:	ress)	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or new registered agent and/or the new registered agent:	ET ADDRESS) CE BOX) registered office address in Festered office address:		

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)

<u>Address</u> **Title** Type of Action Name **VP** MIRIAM MATAREDONA 11389 SW 65 STREET ☑ Add ☐ Remove MIAMI, FL 33173 _P JUAN DE JESUS RIVAS 11389 SW 65 STREET ✓ Add MIAMI, FLORIDA 33173 ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: 03/31/2011
Effective date <u>if applicable</u> :	'03/31/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	7/30/11 MO
Signature	y a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	MIRIAM MATAREDONA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
	/ /-