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(Re	equestor's Name)	
(Ad	dress)	
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, (Cit	ty/State/Zip/Phone	= #)
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(Do	cument Number)	
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FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA

Amend CC/015 (a) 15/17/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	RLE INTERNATIONAL IN	<u> C.</u>
DOCUMENT NUMBER:		P09000066849	
The enclosed Artic	les of Amendment and fe	ee are submitted for filing.	
Please return all co	rrespondence concerning	this matter to the following:	
_		LIGIA ESTRADA	
		Name of Contact Person	
	RLI	E INTERNATIONAL, INC.	
		Firm/ Company	
	100 KINGS POINT DRIVE # 1120		
		Address	
	. SUNI	NY ISLES, FLORIDA 33160	
		City/ State and Zip Code	
	ligiaes E-mail address: (to be	strada0@hotmail.com used for future annual report notification)	
For further informa	ation concerning this mat	ter, please call:	
	GIA ESTRADA	at (786) 53	9-6041
Name	of Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	c for the following amou	nt made payable to the Florida Departr	ment of State:
□ \$35 Filling Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	0
the Florida Dept. of State)	-C
tion (if known)	
ites, this <i>Florida Profit Corporation</i> ad	opts the f
on:	
poration," "company," or "incorpora Corp," "Inc," or "Co". A professional iation," or the abbreviation "P.A."	The noted ted or to corporati
8243 NW 66TH STREET	_
MIAMI, FLORIDA 33166	
	-
	_
e address in Florida, enter the name of dress:	the
rida street address)	
, Florida	
) (Zip Code)	
	tion (if known) ties, this Florida Profit Corporation ad on: poration," "company," or "incorpora Corp," "Inc," or "Co". A professional iation," or the abbreviation "P.A." 8243 NW 66TH STREET MIAMI, FLORIDA 33166 e address in Florida, enter the name of Idress:

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P/S/T	LIGIA ESTRADA	100 KINGS POINT DRIVE # 1120 SUNNY ISLES, FL 33160	_ ☑ Add _ ☐ Remove
<u>D</u>	RENE PEREZ	10101 E. BAY HARBOR DR. #608 BAY HARBOR FL 33154	_ □ Add _ ☑ Remove
,			
	ling or adding additional Articles, ediditional sheets, if necessary). (Be s		
Annual Control of Cont	-		
provisie (if n	ons for implementing the amendment of applicable, indicate N/A)	e, reclassification, or cancellation of is nt if not contained in the amendment	
1200 SHA	ARES TO BE ASSIGN TO LIGIA	A ESTRADA	

The date of each amendmen	t(s) adoption: 11/25/2009
Effective date <u>if applicable</u> :	(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) tere 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	91
•	(voting group)
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 11/2	25/2009
Signature &	Ligio Chada
	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 pointed fiduciary by that fiduciary)
	LIGIA ESTRADA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)