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SECIRETARY OF STATE

AUG 2 6 2016

C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

RDS USA PRODUCTION, INC.  NAME OF CORPORATION:				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
CLAUDIO NOVEBACI				
Name of Contact Person RDS USA PRODUCTION, INC.				
Firm/ Company 1680 MICHIGAN AVE STE 700				
Address MIAMI BEACH FL 33139				
City/ State and Zip Code				
adm.dept.mn@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CLAUDIO NOVEBACI 305 6073859 at ()				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## **Articles of Amendment** to Articles of Incorporation of



0010 AUC 15 PH 12: 46

RDS USA PRODUCTION, INC.		2016 AUG 15 PH 12: 40
( <u>Name o</u>	of Corporation as currently	y filed with the Florida Dept. of State)
	(Document Number of	Corporation (if known)
	•	•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
. ,		1680 MICHIGAN AVE STE 700
B. Enter new principal office address, (Principal office address MUST BE A S		MIAMI BEACH FL 33139
		······································
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1680 MICHIGAN AVE STE 700
		MIAMI BEACH FL 33139
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new	v registered office address:	
Name of New Registered Agent	MARIA GENTILE	
The of the state o	1680 MICHIGAN AVE ST	`E 700
	(Florida stre	eet address)
New Registered Office Address:	MIAMI BEACH	33 i 39 , Florida
New Registered Office Address.		(City) (Zip Code)
New Registered Agent's Signature, if c		with and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	n A	and decept the obligations of the position.
	March Os	o .
<del></del>	Signature of New R	egistered Agent, if changing
<del></del>	Signature of New R	egistered 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.

Example: X Change	PT	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
X 1) Change	D, P		EDUARDO MONTEFUSCO	1680 MICHIGAN AVE STE 700		
Add				MIAMI BEACH FL 33139		
Remove						
X 2) Change	S,T		CLAUDIO NOVEBACI	1680 MICHIGAN AVE STE 700		
Add				MIAMI BEACH FL 33139		
Remove						
3 ) Change	<del></del>					
Add						
Remove						
4) Change						
Add				·		
Remove						
5) Change						
Add						
Remove						
0 0						
6) Change		<del></del>				
Add				· · · · · · · · · · · · · · · · · · ·		
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·
	·
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
<u> </u>	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		FILED SECRETARY OF STATE
Effective date <u>if applicable</u> :		JIVISION OF CORPORATION
	(no more than 90 days after amendment file date)	2016 AUG 15 PM 12: 46
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	older
Dated	11.2016	
Signature		
(By a selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	CLAUDIO NOVEBACI	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	