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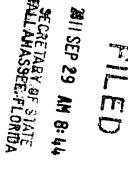
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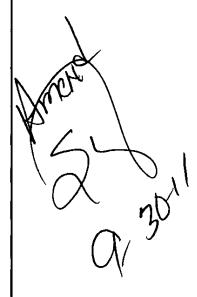
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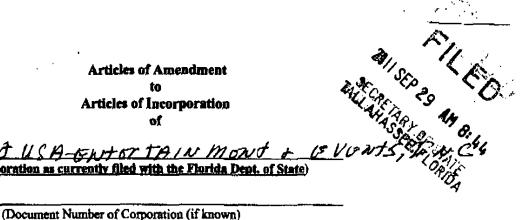
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RFD CAMPET USA ENTERTAIN MONT
DOCUMENT NUMBER: \$ 1100000 472 76
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following.
SUSAN IDN 90 Name of Contact Person
RED CA PUT USA GNETAIN MOUS Firm/ Company & GU WOS, LLC
Firm/ Company & GU ONOS, Luc
PONDO 272 Address
PO DOX 272
100000000000000000000000000000000000000
City/ State and Zip Code
SL. REDCAL PUT USA 9 410 100 · CO 12 E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
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For further information concerning this matter, please call:
CUSAN LONGO 21(813) 600-5373
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:
\$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional corporation
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address if applicable; (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or registered agent and/or the new regis		n Florida, enter the pame of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
	(City)	, Florida, Zip Code)
New Registered Agent's Signature, if chaught I hereby accept the appointment as registered a	ng Registered Agent:	(Zip Code)

(attach additional sheets, if necessary). (Be specific)	EUSUTE CHYOLYO Y MILLER SAILS Tomple If amending or adding additional Articles, enter change(s) here (attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained in	CA CONTROVE
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(if not applicable, indicate N/A)	(if not applicable, indicate N/A)	the amendment itself:
(i) not approxime, indicate 1972)	(ij noi appiicaoie, maicaie in ii)	

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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.
Dated 8/21/11
Signature 1019 Scient Jone (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, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)