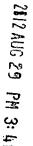
, (Re	questor's Name)	
(Add	dress)	···
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL ·
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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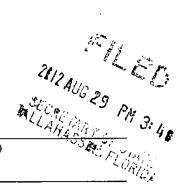


# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: RISINS SU BER: P1100010812	N DIGITAL INC 3	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	JUAN RIOS		
	RIOS, SMIDHUM	Name of Contact Persor  8 MANLEY PA	
	3421 W CYPRES	Firm/ Company SS STREET	
	TAMPA, FL 33607		
		City/ State and Zip Code	2
JO	HN@RISINGSUN		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JUAN RIOS		<sub>at (</sub> 813	879-1040
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

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



# **RISING SUN DIGITAL INC**

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

### P11000108123

(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:

me must be distinguishable and cont	ain the word "corporation ation "Corp." "Inc." or "C	," "company," or "incorporated" or the coop." A professional corporation name must
d "chartered," "professional associat	ion," or the abbreviation "I	P.A."
Enter new principal office address, i incipal office address <u>MUST BE A ST</u>		N/A
		K1/A
Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A
(Mailing address <u>MAY BE A POST (</u>	<i>DFFICE BOX)</i> d/or registered office addr	ess in Florida, enter the name of the
If amending the registered agent an new registered agent and/or the new	DFFICE BOX) d/or registered office addre v registered office address:	ess in Florida, enter the name of the
Mailing address MAY BE A POST Contact the Mailing address MAY BE A POST	d/or registered office address: N/A	ess in Florida, enter the name of the

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 Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	<u> 1ike Jones</u>	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DVP	JULIO CORTEZ GONZALEZ	PO BOX 6333
Add X Remove			PONCE, PR 00733
2) Change			
Remove			
3) Change			
Add			
4) Change			
Remove			
5) Change			
Add			
6)Change			
Add Remove			

E. <u>If amen</u>	nding or adding additional A additional sheets, if necessary	rticles, enter change(	s) here:	
N/A	additional sheets, if hecessary	). (Be specific)		
IN/A				
			· · · · · · · · · · · · · · · · · · ·	
	<del></del>			
	<del> </del>			
F. <u>Ifan aı</u>	mendment provides for an e	xchange, reclassificat	on, or cancellation of is	sued shares,
<u>provis</u>	sions for implementing the a if not applicable, indicate N/A	<u>mendment if not cont</u>	ained in the amendment	<u>itself:</u>
N/A	i noi applicable, maleate 1471	,		
13/7		<del></del>		
<del> </del>				
	<u>-</u>			

The date of each amendment(s)	AUGUST 8, 2012
Effective date <u>if applicable:</u>	UGUST 8, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	et for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> AUG(	JST 8, 2012 /
Signature	Dela
(B <b>y</b> a	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoi	nted fiduciary by that fiduciary)
	JOHN SEDA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)