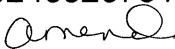
# P13000019574

| (Re                     | questor's Name)   |                    |
|-------------------------|-------------------|--------------------|
| (Add                    | dress)            |                    |
| (Add                    | dress)            |                    |
| (City                   | y/State/Zip/Phone | <del>&gt;</del> #) |
| PICK-UP                 | WAIT              | MAIL               |
| (Bu                     | siness Entity Nan | ne)                |
| (Do                     | cument Number)    |                    |
| Certified Copies        | _ Certificates    | s of Status        |
| Special Instructions to | Filing Officer:   |                    |
|                         |                   |                    |
|                         |                   | 1                  |
|                         |                   |                    |

Office Use Only



100246526781



04/22/13--01007--017 \*\*35.00



4/22/13

# **COVER LETTER**

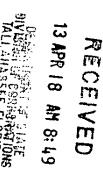
| TO: Amendment Section Division of Corporations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: Ridge Mountain, Inc.  DOCUMENT NUMBER: P130000 19574                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| The enclosed Articles of Amendment and fee are submitted for filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Louis Esposito  Name of Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name of Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Firm/ Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| G317 16th Avenue Brive W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Bradenton, FL 34209 City/ State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Loves posito 2010 @ Grail. Com  E-mail address: (to be used for future annual report notification)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| is man address (to be able to able a man report to the able to the |
| For further information concerning this matter, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Louis Esposito at 941 527-6828  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 Certificate of Status Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  □ \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### **Mailing Address**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### Articles of Amendment to Articles of Incorporation

FILED

|                                                                                                                                  | Articles of Incorporation                | r ILLU                                  |      |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|------|
| $\infty$ . $a = 0$                                                                                                               | of                                       | 2013 APR 18 PM 2: 29                    |      |
| rage III.                                                                                                                        | ountain Ir                               | ZVIO ALTO TOTALE                        |      |
| ·                                                                                                                                | ently filed with the Florida Dept. of S  | SECTION OF STATE TALLAHASSEE, FLORIDA   |      |
| <u> </u>                                                                                                                         | 519574                                   | TALL ATTITUTE                           |      |
| (Document Nur                                                                                                                    | mber of Corporation (if known)           | 19                                      |      |
| rsuant to the provisions of section 607.1006,<br>Articles of Incorporation:                                                      | Florida Statutes, this Florida Profit Co | orporation adopts the following amendn  | nent |
| If amending name, enter the new name o                                                                                           | f the corporation:                       |                                         |      |
|                                                                                                                                  |                                          | The ne                                  | ew   |
| me must be distinguishable and contain to orp.," "Inc.," or Co.," or the designation rd "chartered," "professional association," | "Corp," "Inc," or "Co". A professi       | onal corporation name must contain t    | he   |
| Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>                                         |                                          |                                         |      |
| incipal office dualess <u>MOST BL A STREE</u>                                                                                    | .1 ADDRESS )                             |                                         |      |
|                                                                                                                                  |                                          |                                         |      |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI                                                     |                                          |                                         |      |
| (maining dualess MAT BE A 1 OST Q11)                                                                                             | CL BOX                                   | · · · · · · · · · · · · · · · · · · ·   |      |
|                                                                                                                                  | <del>.,</del>                            |                                         |      |
|                                                                                                                                  | <del></del>                              |                                         |      |
| If amending the registered agent and/or                                                                                          | registered office address in Florida, e  | nter the name of the                    |      |
| new registered agent and/or the new reg                                                                                          | istered office address:                  |                                         |      |
| Name of New Registered Agent                                                                                                     |                                          |                                         |      |
|                                                                                                                                  |                                          |                                         |      |
|                                                                                                                                  | (Florida street address)                 | ···                                     |      |
| New Registered Office Address:                                                                                                   |                                          | , Florida                               |      |
|                                                                                                                                  | (City)                                   | (Zip Code)                              |      |
|                                                                                                                                  |                                          |                                         |      |
|                                                                                                                                  |                                          |                                         |      |
| ew Registered Agent's Signature, if changi<br>hereby accept the appointment as registered                                        |                                          | he obligations of the position.         |      |
|                                                                                                                                  | ,,                                       | 5 · · · · 5 · · · · · · · · · · · · · · |      |
| Cignotes                                                                                                                         | re of New Registered Agent if changin    | 7                                       |      |
|                                                                                                                                  |                                          |                                         |      |

# 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 <math>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             | <u>PT</u>    | John Do      | <u>oe</u>   |                 |
|-------------------------------|--------------|--------------|-------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jo      | ones        |                 |
| X Add                         | <u>sv</u>    | Sally Sr     | <u>nith</u> |                 |
| Type of Action<br>(Check One) | <u>Title</u> |              | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              | _            |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| 2) Change                     |              | _            |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| 3) Change                     |              | <del></del>  |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| 4) Change                     |              |              |             |                 |
| 4) Change                     |              |              |             |                 |
| Add Remove                    |              |              |             |                 |
| Kemove                        |              |              |             |                 |
| 5) Change                     |              |              |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| O Chara                       |              |              |             |                 |
| 6) Change                     |              | <del>_</del> |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |

| nending or adding additional Artich chadditional sheets, if necessary). | (Be specific)                                              |
|-------------------------------------------------------------------------|------------------------------------------------------------|
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                 |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         | nange, reclassification, or cancellation of issued shares, |
| visions for implementing the ame                                        | ndment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)                                       |                                                            |
| 1,000 104                                                               | ing Shares<br>n-Voting Shares                              |
| 1,000 No.                                                               | n-Voting Shares                                            |
|                                                                         | 0                                                          |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |
|                                                                         |                                                            |

| The date of each amendment(s) adoption: 4/12/2013                  |                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective date if applicable:                                      | ·                                                                                                                                                                                               |  |
|                                                                    | (no more than 90 days after amendment file date)                                                                                                                                                |  |
| Adoption of Amendment(s)                                           | (CHECK ONE)                                                                                                                                                                                     |  |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.                                                                                                |  |
| ☐ The amendment(s) was/were app<br>must be separately provided for | proved by the shareholders through voting groups. The following statement 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 add action was not required.             | opted by the board of directors without shareholder action and shareholder                                                                                                                      |  |
| The amendment(s) was/were add action was not required.             | opted by the incorporators without shareholder action and shareholder                                                                                                                           |  |
| Dated                                                              | 4/17/2013                                                                                                                                                                                       |  |
| Signature                                                          | ation Colins                                                                                                                                                                                    |  |
| (By a d<br>selecte                                                 | lirector, 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 sted fiduciary by that fiduciary) |  |
|                                                                    | Louis Esposito  (Typed or printed name of person signing)                                                                                                                                       |  |
|                                                                    | (Typed or printed name of person signing)                                                                                                                                                       |  |
|                                                                    | VP                                                                                                                                                                                              |  |
|                                                                    | (Title of person signing)                                                                                                                                                                       |  |