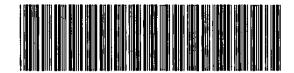
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Amend Mamechs
actions

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mondo Events Inc.
DOCUMENT NUMBER: tax 1. d # 46-5262855
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Mondo Events Inc. Firm/Company
130 Suncrest Dr.
Safety Harbor, FL 34695 Gry/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 902-5639 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) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Certified Copy is enclosed) Certified

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

of

(Name of Corporation as currently filed with the Florida Dept. of State) Lax 1. d # 46-5262855	amendment(s) t
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following	amendment(s) t
its Articles of Incorporation:	, ,
A. If amending name, enter the new name of the corporation:	
Mondo Xperience Inc.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the about "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must convert "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	breviation ontain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the	FILED STATE STATE STATE STATE STATE STATE OF CORPORATIONS 14 0C1 -9 PM 1: 23
new registered agent and/or the new registered office address: Name of New Registered Agent	,,
(Florida street address)	
New Registered Office Address:, Florida,	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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)

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		- -		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				
				

	ing additional Ai eets, if necessary)	(Be specific)		
					
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	ovides for an exc	change, reclassi	fication, or can	cellation of issue	d shares.
an amendment pr	ementing the am	endment if not	contained in th	e amendment its	elf:
<u>rovisions for imple</u>					
an amendment provisions for imple (if not applicable)	le, indicate N/A)				
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<u>rovisions for imple</u>	le, indicate N/A)				

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved 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	or the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	eted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder	
Dated	08/2014	
Signature		
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	<u></u>
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	