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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	NTION: Reel Cas	ting Adventures	Inc.
DOCUMENT NUMBE	ER:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
- - -	Reel Cas	Name of Contact Person Hing Adventure Firm/Company Address	s Inc.
_		FL 33034 City/ State and Zip Cod	
For further information	reel cash, E-mail address: (to be us	ng adventures export seed for future annual report see call:	gmail. com notification)
Angel Name of	Lvis Hernandez Contact Person	at (<u>305</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Amer Divisi P.O. I	ng Address Idment Section Ion of Corporations Box 6327 Inassec. FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



	of	poración		20
Reel Cast	ing Advent	UNS Inc. filed with the Florida D		
(Name of Co	rporătion as currently (filed with the Florida D	ept. of State)	77
Pi	7/10/00/147	150		6
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006. its Articles of Incorporation:	, Florida Statutes, this <i>Fl</i>	orida Profit Corporation	radopts the following am	endment(s) to
A. If amending name, enter the new name o	f the corporation:			
			The	e new
name must be distinguishable and contain i "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp," "Inc," or "Co	o". A professional corp	rporated" or the abbre	viation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1555 Su) 306 st.	
		Homestead,	FL 33033	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		1555 Su	U 306 st.	
· · · · · · · · · · · · · · · · · · ·		Homestead	FL 33033	_
D. If amending the registered agent and/or		s in Florida, enter the r	name of the	
new registered agent and/or the new reg	istered office address:			
Name of New Registered Agent		_		
	15551 3	W 306 St.		
	(Florida stree	(address)		
New Registered Office Address:	Homestea	.d	, Florida3303	<u>3_</u>
	$\ell\ell$	ity)	tZip Code	,
New Registered Agent's Signature, if chang	ing Registered Agent:		t Call on takin	
I hereby accept the appointment as registered	agent. I am familiar wii	n ana accept the obligati	ions 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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			_
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
-	
	
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an amendment provides for an each	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	, if other than the
Effective date if applicable: 10/1/17 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☑ 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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/18/17	
Signature (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 courappointed fiduciary by that fiduciary)	
Angel Luis Hernandez (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Chief Executive Officer (Title of person signing)	
(Title of person signing)	

. . . .