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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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DIVISION OF CORPORATIONS

V HERRING APR 1 1 2017

COVER LETTER

TO: Amendment Section Division of Corporations

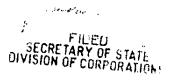
Tallahassee, FL 32314

| NAME OF CORPO | RATION: RIATOR CORPC | PRATION | |
|---|---|--|--|
| DOCUMENT NUM | BER: | | |
| | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | MarcelaFerretti | | |
| | | Name of Contact Person | n |
| | | Firm/ Company | |
| | 5461N University Dr Sye10 |)4 | |
| | | Address | |
| | CoralSpringsFI 33067 | | |
| | | City/ State and Zip Code | e |
| jh@j | ennyhernandezforms.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| JennyHernandez | | 954 at (| 603-1540 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made p | 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Amend Division | Address Iment Section on of Corporations Building |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



RIATOR CORPORATION

.2017 APR 10 PM 12: LA

| (Name | of Corporation as currently | filed with the Florid | la Dept. of State) |
|---|--|-------------------------|---|
| P17000029837 | | | |
| | (Document Number of | Corporation (if knowr | 1) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this F | lorida Profit Corpord | ation adopts the following amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C | Co". A professional o | The new incorporated" or the abbreviation corporation name must contain the |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | |
| C. Enter new mailing address, if applications (Mailing address MAY BE A POST) D. If amending the registered agent an | OFFICE BOX) ad/or registered office addre | ess in Florida, enter t | the name of the |
| new registered agent and/or the new | | | |
| Name of New Registered Agent | MarcelaFerretti | | |
| | 5461N University Dr Ste1 | 04 | |
| | (Florida stree | et address) | |
| New Registered Office Address: | CoralSprings | | 33067 , Florida |
| | (0 | City) | (Zip Code) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | ered agent. I am familiar wi | elletti | |
| | Signature of New Re | gistered Agent, if cha | nging |

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.

| X Change | <u>PT</u> | John Do | <u>e</u> | |
|----------------------------|--------------|--------------|------------------|-----------------------------|
| X Remove | <u>V</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| !) Change | D | _ | MARCELA FERRATTI | 5461N University Dr Ste104 |
| Add | | | | Coral SpringsFI 33067 |
| X Remove | | | | |
| 2) Change | D | _ | MARCELA FERRETTI | 5461N University Dr Ste 104 |
| X Add | | | | Coral SpringsFI 33067 |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | • |

| Attach <i>addii</i> · | gor adding additional Artitional sheets, if necessary). | (Be specific) | | | |
|--------------------------|--|---------------------------------------|---|-----------------------------------|-------------|
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| provisions | ment provides for an exch for implementing the ame applicable, indicate N/A) | ange, reclassification | on, or cancellation lined in the amend | of issued shares, ment itself: | |
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| The date of each amendmen | | , if other than the |
|--|---|------------------------------|
| date this document was signed | i. 03/31/2017 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this dathe Department of State's records. | te will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| | re adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval. | 5) |
| | re approved by the shareholders through voting groups. The following stateme ed for each voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholde | r |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| 04/07 | 7/2017 | |
| Dated Signature | Harala terretti | |
| (E | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary) | t |
| | MARCELA FECCETTI | |
| | (Typed or printed name of person signing) | |
| | Director | |
| | (Title of person signing) | |