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TO AUG 21 PN 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORINA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RLG AMERICA, INC.					
DOCUMENT NUMBER: P17000054460					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:				
SEVERINE GAINESE-PITTMAN, ESQ.					
	Name of Contact Person				
GIANESE-PITTMAN, P.A.					
	Firm/ Company				
100 N. BISCAYNE BLVD., SU	JITE 3070				
	Address				
MIAMI, FL 33132					
	City/ State and Zip Code				
SGIANESE@SGPITTMAN.COM					
E-mail address: (to be used	for future annual report notification)				
For further information concerning this matter, please call:  SEVERINE GIANESE-PITTMAN, ESQ. 305 722-5986					
Name of Contact Person	at (305 ) 722-5986  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\text{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 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

RLG AMERICA, INC.	
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
P17000054460	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	The new Tree or "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City), Florida(Zip Code)
	(City) (Lip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signo	ature 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	S	NADIA CEBAN	201 178TH DRIVE
X Add			APT 508
Remove			SUNNY ISLES, FL 33160
2) Change	VP	DENIS REGAZZONI	48 IMPASSE DES MESSUGUES
X Add			83340
Remove			LE CANNET-DES MAURES
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·····
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co (if not applicable, indicate N/A)		
provisions for implementing the amendment if not co		
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provisions for implementing the amendment if not co		
(if not applicable, indicate N/A)	ntion, or cancellation of issu	ed shares,
	tamed in the amendment to	<u>3011.</u>
		· · · ·

The date of each amendment(s) adoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
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.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(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"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/17/2017 Dated	
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 cou appointed fiduciary by that fiduciary)	
FRANCK LEPIZZERA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	