M69155

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C. LEWIS MAY 2 8 2014 EXAMPLER

COVER LETTER

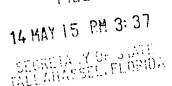
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RAGSAC						
DOCUMENT NUMBER: M69155						
The enclosed Articles of Amendment and fee are sub	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
GARY JONES						
MELROSE AC	Name of Contact Persor	1				
Firm/ Company						
PO BOX 1430						
MELROSE, FLORIDA 32666						
	City/ State and Zip Code					
GARY.JONES@MELR	OSEACCOUNTIN	NG.COM				
E-mail address: (to be use	ed for future annual report	notification)				
For further information concerning this matter, please	e call:					
GARY JONES	at (352	475-2100				
Name of Contact Person	Area Code & Daytime Telephone Nu					
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:				
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

APPROVED AHD FILED

Articles of Amendment to Articles of Incorporation of



RAGSAC, Inc.	y filed with the Florida	Dept, of State)		
M69155				
(Document Number	r of Corporation (if know	m)	• • • • • • • • • • • • • • • • • • • •	•
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Florid</i>	a Profit Corporation add	opts the following	g amendment(s) t
A. If amending name, enter the new name of the	e corporation:			
	NA			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or B. Enter new principal office address, if applica	orp," "Inc," or "Co". the abbreviation "P.A."	ompany," or "incorpor A professional corporat MA	rated" or the all tion name must o	bbreviation contain the
(Principal office address MUST BE A STREET A		7 41		•
				-
			·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)	MA		
(Mailing dualess MAT BE ATOST OFFICE	<u></u>	747		-
				-
				-
D. If amending the registered agent and/or regi		Florida, enter the nam	e of the	
new registered agent and/or the new register	MER LASANTI			
Name of New Registered Agent SOWII	WER EN CONTRACT			
	(Florida street ado	(Manual)		
	(Fibrial Street aut	•		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	-
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		nd accept the obligations	of the position.	
Lunm	1000	nti	-5 V. en	
Signatura		if abayaiya		

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 Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	Р		SUMMER LASANTI			
Add						
Remove						
2) Change	VST		CHRISTOPHER LASANTI			
Add						
Remove						
3) Change						
Add						
Remove						
4) Change			·			
Add						
Remove						
5) Change				•		
Add						
Remove						
6) Change						
Add		_				
Remove						

Altaen additi	onal sheets, if necessary).	Be specific)		
			1	
			JH	
		/V	//1	
provisions i	ment provides for an exchar or implementing the amenc	nge, reclassification, or ment if not contained	cancellation of issued shar in the amendment itself:	es,
(if not a	pplicable, indicate N/A)			
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			<u> </u>	
		<u> </u>	1	
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APERDYL: AND FILED

14 MAY 15 PM 3: 37

The date of each amendm	ent(s) adoption:	SECRETARY DOLLAR	, if other than the
date this document was sign	ned.	TALLARY SYSTEM TO THE	
Effective date if applicabl	<u>e</u> :	/	
- ::-::	(no m	nore than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK (</u>	ONE)	
	s) (<u>checke</u>	ONE)	
	were adopted by the sharehos/were sufficient for approva	olders. The number of votes cast for the amendment(s) al.	
		holders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of vo	otes cast for the amendment((s) was/were sufficient for approval	
by			
•	(voting gro	oup)	
The amendment(s) was/action was not required.		of directors without shareholder action and shareholder	
The amendment(s) was/action was not required.		orators without shareholder action and shareholder	
Dated M	IAY 13,2014	***************************************	
Signature	e Suman	r Lasenti	
_		r other officer – if directors or officers have not been	
	appointed fiduciary by that	or – if in the hands of a receiver, trustee, or other court at fiduciary)	
	SUMMER LAS	SANTI	
	((Typed or printed name of person signing)	-
	PRESIDENT		
		(Title of person signing)	