

09/14/2010 16:52

Division of Corporations

(FAX)

F.001/005

Page 1 of 2

009000006309

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000203807 3)))



H100002038073ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : PERLMAN YEVOLI AND ALBRIGHT, PL
Account Number : I20040000167
Phone : (954) 566-7117
Fax Number : (954) 566-7115

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
RAWWORLD, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

10 SEP 14 PM 1:57
SECRETARY OF STATE
MAIL ROOM
FILED

RECEIVED
2010 SEP 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amey
9/15/10
TK

H10000203807 3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RawWorld, Inc.DOCUMENT NUMBER: N09000006309The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Jacobson

(Name of Contact Person)

Perlman, Yevoli & Albright, P.L.

(Firm/ Company)

200 S. Andrews Ave., Ste. 600

(Address)

Ft. Lauderdale, FL 33301

(City/ State and Zip Code)

ljacobson@pyalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Jacobson

(Name of Contact Person)

at (954) 566-7117

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H10000203807 3

#10000203807 3

Articles of Amendment
to
Articles of Incorporation
of

RawWorld, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000006309

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City) _____, Florida
(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

#10000203807 3

10 SEP 14 PM 1:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#10000203807 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Article XII: Members.

The name and address of the sole Member is:

Marisa Ignacio Hormel

5420 NE 33rd Avenue

Ft. Lauderdale, FL 33308

#10000203807 3

#10000203807 3

The date of each amendment(s) adoption: September 14, 2010

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

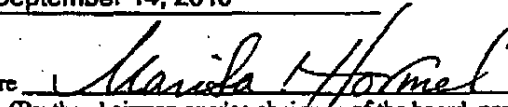
Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated September 14, 2010

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marisa I. Hormel

(Typed or printed name of person signing)

President

(Title of person signing)

#10000203807 3