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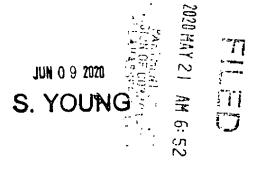
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COVER LETTER

TO: Amendment Section Division of Corporations		- -
NAME OF CORPORATION:	<u> </u>	
N2000005078 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Adam Willson		
	(Name of Contact Perso	in)
Raedoom Inc.		
	(Firm/ Company)	
12130 AUGUSTA WOOD CIR		
	(Address)	
ORLANDO, FL 32824		
	(City/ State and Zip Coo	de)
adamwillson70@yahoo.com		
E-mail address: (to be used	Hor future annual report	notification)
For further information concerning this matter, please	call:	
Adam Willson		07-461-2817
(Name of Contact Person	(A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	partment 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		Address
Division of Corporations	Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327	The C	Centre of Tallahassee
Tallahassee, FL 32314	2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RAEDOON INC.		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N20000005078		
(Document Num	ber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	The new
name must be distinguishable and contain the word "corpor	vation" or "incorporated	
"Company" or "Co." may not be used in the name.	4	
B. Enter new principal office address, if applicable:	NH	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		20 F
		20 HAY
C. Enter new mailing address, if applicable:	Dun	21
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> 10771</u>	
		3000 3
		<u> </u>
		-
D. If amending the registered agent and/or registered of	fice address in Florida.	enter the name of the
new registered agent and/or the new registered office		
Name of Name Bassistan at Lauren	VIA	
Name of New Registered Agent:	<u> </u>	
	Œ	orida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent	
I hereby accept the appointment as registered agent. I am j		the obligations of the position.
	. 1.4	
/	\sim / $\!\!\!/$	

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change Add	T, VP	Haya Masri	12130 AUGUSTA WOOD CIR ORLANDO, FL 32824
Remove			
2) X Change Add	<u>S</u>	Samer Silva	12130 AUGUSTA WOOD CIR ORLANDO, FL 32824
Remove 3) Change Add Remove		.	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	

· · · · · · · · · · · · · · · · · · ·		
		
	····	
The date of each amendment(s) adoption:	if other tha	n the
Effective date if applicable: (no more than 90 days after amendment)		
(no more than 90 days after amendmet	u file date)	
Note: If the date inserted in this block does not meet the applicable statutory filir	ne requirements, this date will not be listed as th	e

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 18, 2020 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)			
Adam Willson			
(Typed or printed name of person signing)			
President of Raedoon, Inc.			
(Title of person signing)			