P0000 092 640

(Re	equestor's Name)	
`	,	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

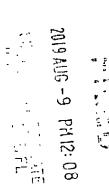




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Award

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RAW EXPRESS INC
DOCUMENT NUMBER: P0000092640
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeana Winterhottom Name of Contact Person
Firm/ Company
1219 TAMIAMI TRAIL Address
BRADENTON FL 34205 City/ State and Zip Code
roysautoclinice gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEANA WINTERBOTTOM at (941) 447 5759 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

RAW. EXPRE	SSIINS				
		iled with the Floric	la Dept. of State)		
P()	00000921	e40			
(Doct	ument Number of C	orporation (if know)	1)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Fle</i>	orida Profit Corpord	ation adopts the fo	llowing amendi	ment(s) to
A. If amending name, enter the new name of the	corporation:				
NA				The ne	nı.
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co	". A professional of		the abbreviation	วก
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		_NA			
C. Enter new mailing address, if applicable:				2019 AUG	
(Mailing address MAY BE A POST OFFICE B	(OX)	NA		-9 PH 12	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter t	he name of the	80	
Name of New Registered Agent	NA				
	(Florida street	address)			
New Registered Office Address:	NA		, Florida	NA	
	(Ci	(y)		(Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		and accept the obli	igations of the pos	ition.	
	٨	VA			
Sig	nature of New Regi	stered Agent, if char	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.

Mike Jones, V as Rem Example:	ove, and Sal	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> VICE	<u>Name</u>	Address
1) Change Add Remove	P <u>RESI</u>	IDENT MICHAEL WINTERBOTTOM	24106 75th AVE EAST MYAKKA CITY FL 34251
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional A (Attach additional sheets, if necessary	y). (Be specific)
NA	
,	
•	
If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A)	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:)
NA	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Rolling would be solved to the selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	