P08000069863



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: RAJE, INC.		
DOCUMENT NUM	4BER: P08000069863		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Noemi Berrios Amaro		
		Name of Contact Person	1
	Amaro Tax Solutions		
		Firm/ Company	71-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	2003 W Cypress Creek Road	, Suite 100	
		Address	
	Fort Lauderdale, FL 33309		
	-	City/ State and Zip Cod	e
	ats@amarotaxsolutions.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Noemi Berrios Amaro		at (⁹⁵⁴) 258-7218
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RAJE, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P08000069863	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
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 addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	gistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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) X Change	P	JAMES MAX ERNESTINE II	7970 N Nob Hill Road, Apt. 206
Add			Tamarac, FL 33321
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	i) (Respectic)
	e). (Be specific)
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
If an amendment provides for an exprovisions for implementing the au (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
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provisions for implementing the a	mendment if not contained in the amendment itself:
provisions for implementing the a	mendment if not contained in the amendment itself:

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The date of each amendment(s) adoption:
Effective date <u>if applicable</u> : (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 not be listed as a 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
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 court appointed fiduciary by that fiduciary)
JAMES MAX ERNESTINE, II
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)