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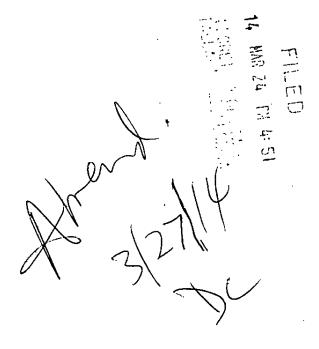
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

Division of Corporations NAME OF CORPORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CKO aga raylty fl. com
il address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **☑**\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation

Articles of Incorporation
of *
AAA RACHU GROWD, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P09000080384
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: 1961 NW 150 Pue
(Principal office address MUST BE A STREET ADDRESS) Se 105
Pembroke Pines, FL 33028
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX]
Ste 105
Pembroke Pines, FL 33028
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 _ NA CSame on File)
(Florida street address)
[Pitoriaa sireet taaressy
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 with and accept the obligations of the position.

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	<u>PT</u> <u>John I</u>				
•					
X Remove	<u>V</u> <u>Mike</u> .				
X Add	SV Sally S	<u>Smith</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	<u>P</u>	Patricia	Renny	2659 SE Mo Blud Port St Lucie, r	rningside
Remove				Port St Lucie, t	FL 34952
2) Change	<u>b</u>	Charles B	Silgipa 15	1961 NW 1501 Ste 105	Ave
Remove 3) Change	VP	Tiffang F	<u>Enciplic</u>	Pembroke Pines	
Remove 4) Change Add					
Remove 5) Change Add Remove					
6) Change					
Pamaua					

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	ment provides fo	r an evchana	e reclassifica	tion or cancel	lation of issued	shares.
f an amendi	or implementing	the amendm	ent if not con	tained in the a	mendment itsel	f:
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date this document was signed.	, if other than the
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 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)	
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.	
Dated 3-19-2014	
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)	
Clarles Bonkiglio (Typed or printed name of person eigning)	
President	
(Title of person signing)	