## P11000051075

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SECRETARY OF STATE
TALL ARE SEE ELECTION

JAN 28 2013

T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: RAIKA ENTERPRISE INC					
DOCUMENT NUMBER: P11000051075					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
A	APRIL CONDRON				
-	Name of Contact Person CAPE COD MANAGEMENT SERVICES INC				
_	DAI L'OOD WAN		WIGESTING		
3	314 NE 27TH ST	Firm/ Company			
_		Address			
V	VILTON MANOF	RS FL 33334-202	20		
_		City/ State and Zip Code	e		
APR	ILPEACH1@AO	L COM	•		
7(11)		ed for future annual report	notification)		
	·	•			
For further information of	concerning this matter, pleas	e call:			
APRIL CONDRON		at (954	630-8300		
Name of	Contact Person	Area Co	de & 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			

## Articles of Amendment to Articles of Incorporation of

13 ,,	FILED
	#
- Anas	SEE, FLORIDA

## RAIKA ENTERPRISE INC

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

P11000051075

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

ume must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professio		
• •		•		
Enter new principal office address, if app rincipal office address <u>MUST BE A STREE</u>				<del></del>
	-	•		<del> </del>
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	CE BOX)			
<u> </u>				
· • • • • • • • • • • • • • • • • • • •			*****	
	egistered office address	in Florida en	ter the nam	e of the
		in Florida, en	ter the nam	e of the
If amending the registered agent and/or r	stered office address:		ter the nam	e of the
If amending the registered agent and/or r new registered agent and/or the new regis	stered office address:		ter the nam	e of the
If amending the registered agent and/or r new registered agent and/or the new regi	stered office address:		ter the nam	e of the
If amending the registered agent and/or r new registered agent and/or the new regi	stered office address:		ter the nam	

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 <math>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.

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)	Title	Name	<u>Addres</u> s
1) Change	S	MD HAFIZUR R SHARIFE	431 NE 44TH ST
X Add			OAKLAND PK, FL 33334
Remove			
2) Change			
Add			
Remove			
3 ) Change		·····	
Add			
Remove			
4) Change	-		
Add		•	
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

_,	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
_	
_	
_	·
_	
_	
	<u> </u>
_	
•	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
_	(if not applicable, indicate N/A)
	HARES ARE NOW DISTRIBUTED AND OWNED AS FOLLOWS
3	HEAK BHUYA 33.334%
<b>V</b>	OHAMMAD MASUD PARVES 33.333%
V	D HARIZUR R SHARIFE 33.333%
_	

The date of each amendment(s) adoption	on: /- 23-/3
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ant for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated	1-23-13
Signature	18e -
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	SHEAK BHUYA (Typed or printed name of person signing)
•	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)