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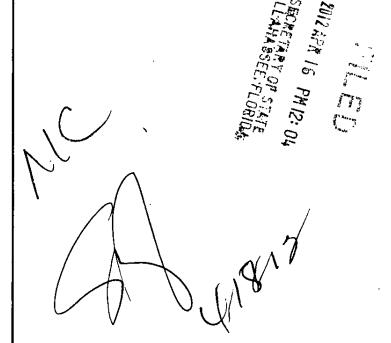
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: VRAKA, INC DOCUMENT NUMBER: P12000026790 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARY ZERVOS Name of Contact Person VRAKA, INC Firm/ Company 7229 PLATHE ROAD Address NEW PORT RICHEY, FL 34653 City/ State and Zip Code MRLAW@TAMPABAY.RR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 637-4419

Area Code & Daytime Telephone Number MARY ZERVOS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: . . \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Articles of incorporation of		> 0	20	
VRAKA, INC				2 A	e.#[7
(Name of Corporation as cur	rently filed with the Florida Dept. of S	tate)	7.5	- >¥	174. 255 174. 255
P12000026790			SE SE	(e)	į.
(Document Nu	umber of Corporation (if known)		1	P.	1
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Co</i>	orporation adop	ots the following	g arriend	ment(
A. If amending name, enter the new name	of the corporation:				
VRAKA OPA! OPA!, INC				The n	iew
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association, B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	n "Corp," "Inc," or "Co". A professi " or the abbreviation "P.A."				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF				- - -	
D. If amending the registered agent and/or new registered agent and/or the new reg		nter the name	of the	-	1
Name of New Registered Agent		 			
,	(Florida street address)				
V D 100	· ·	T			
New Registered Office Address:	(City)	, Florida	(Zip Code)	-	
New Registered Agent's Signature, if change I hereby accept the appointment as registered			f the position.		

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	Y	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove					
2) Change Add Remove			; ,		
3) Change Add Remove	 	_			
4) Change Add Remove	<u> </u>				
5) Change Add Remove			····		
6) Change Add Remove					

att	mending or adding additional Arti tach additional sheets, if necessary).	(Be specific)			
		<u>.</u>			
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	,				
If a	n amendment provides for an exch ovisions for implementing the ame	ange, reclassifica	tion, or cancella	ation of issued sha nendment itself:	ıres,
	(if not applicable, indicate N/A)				
	,				
					*** * *

The date of each amendment(s) ado	ption:	3/2	-(}_		
Effective date <u>if applicable</u> :		1		3/21	12-
	(no more i	than 90 days af	ter amendmeni	file date))
Adoption of Amendment(s)	(CHECK ONE))			
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders cient for approval.	s. The number	of votes cast fo	or the amend	dment(s)
☐ The amendment(s) was/were appromust be separately provided for ea					
"The number of votes cast fo	` `		ent for approva	1	
by	(voting group)			··	
☐ The amendment(s) was/were adopt action was not required.			shareholder act	ion and sha	reholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporator	rs without share	cholder action a	and shareho	lder
Dated 3/21/12					
Signature Signature	ector, presidentor other	e officer if di	rootors or offic	arc hava na	t haan
selected,	by an incorporator - it	f in the hands o			
appointed	fiduciary by that fidu	ciary)			
N	MARY ZERVO	os			
	(Typed or pr	inted name of p	person signing)		
F	PRESIDENT				
_	(Title of p	erson signing)	, , , , , , , , , , , , , , , , , , , ,		