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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Ray Ray Motors Inc DOCUMENT NUMBER: P12000094244 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stefanie Ray Name of Contact Person Ray Ray Motors Inc Firm/ Company Address 10450 Marina Way Boca Ration, FL City/ State and Zip Code sray89@bellsouth.net E-mail address: (to be used for future annual report notification) · For further information concerning this matter, please call: at (954) 621-8861
Area Code & Daytime Telephone Number stefanie ray 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)

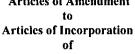
Mailing Address

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





		427
Articles of A	mendment	E DEC 17 PH 4:5
to Articles of Inc	orporation	ROG LED
of		Sec. (2) 2
Ray Ray Motors Inc	<u>'</u>	CLASTAN MY 4:5
(Name of Corporation as currently filed with the F	orida Dept. of State)	SEF ST.
P12000094244		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:	•	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "oword "chartered," "professional association," or the abbreviation "	Co". A professional corporation nar	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1800 NW 1St Ave A	
	Boca Raton FI 33432	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10450 Marina W Boca Raton, FL 3	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		2
Name of New Registered Agent		
(Florida str	eet address)	
New Registered Office Address: (City)	, Florida(Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		position.
Signature of New Registered	Agent if changing	

Page 1 of 4

The date of each amendment(s) adoption:
Effective date if applicable: 171117
(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.
Dated12-14-12
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)
Stefanie Ray
(Typed or printed name of person signing)
President.
(Title of person signing)