## 3000035087

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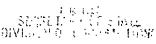
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## COVER LETTER

Division of Co			· · · · · · · · · · · · · · · · · · ·
NAME OF CORPO	DRATION: RAACKS INC		
	MBER: P13000035087		
	es of Amendment and fee are su		
Please return all com	respondence concerning this ma	atter to the following:	
·	ERIC AMSALLEM		
		Name of Contact Perso	n
	RAACKS INC		
		Firm/ Company	
	517 ARTHUR GODFREY R	OAD SUITE 500	
		Address	
	MIAMI BEACH FL 33140		
		City/ State and Zip Cod	e
ams	allemeric@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ERIC AMSALLEM		786	985-1374
Name	e of Contact Person	at ( Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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			Address Iment Section
			on of Corporations
		Clifton	Building
		2661 E	Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



RAACKS INC 15 AUG 28 PM 1: 32 (Name of Corporation as currently filed with the Florida Dept. of State) P13000035087 (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: 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." 517 ARTHUR GODFREY ROAD SUITE 500 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI BEACH FL 33140 C. Enter new mailing address, if applicable: 517 ARTHUR GODFREY ROAD SUITE 500 (Mailing address MAY BE A POST OFFICE BOX) MIAMI BEACH FL 33140 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 (Florida street address) New Registered Office Address. (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>Jo</u>	John Doe		
X Remove	<u>V</u> <u>M</u>	Mike Jones		
X Add	<u>SV</u> <u>Sa</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
l)Change	P	AMSALLEM NATHANIEL		
Add				
X Remove				
2) Change	P	AMSALLEM DAVID	517 ARTHUR GODFREY ROAD	
X Add			SUITE 500	
Remove			MIAMI BEACH FL 33140	
3 ) Change				
Add				
Remove			<del></del>	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
_				
6) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

Attach <i>addi</i>	g or adding additional Art itional sheets, if necessary).	(Be specific)		
				<del></del>
•				
	- "			
f an amend provisions (if not	dment provides for an exch for implementing the ame applicable, indicate N/A)	ange, reclassification, on number if not contained	r cancellation of issued in the amendment itse	<u>l shares,</u> <u>lf:</u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SENAT DE LA CALLADA DIVIDITA DE LA CALLADA DIVIDITA DE LA CALLADA
Effective date <u>if applicable</u> :	DIVÎÇÎN BÎN HÎRE MÎÎNE
(no more ti	han 90 days after amendment file date) 15 AUG 28 PM 1: 32
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	s/were sufficient for approval
by(voting group)	
(voting group)	
<ul> <li>□ The amendment(s) was/were adopted by the board of direction was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators action was not required.</li> </ul>	
08/25/2015 Dated	
Signature	<del></del>
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
NATHANIEL AMSALI	LEM
(Typed or pri	nted name of person signing)
PRESIDENT	
	itle of person cigning)