P14000008206

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SECRETARY OF STATE
AND ANASSEE FOR OWNA

FEB 2.7 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Raw Produ	cts Corp			
DOCUMENT NUMBER: P140000820				
The enclosed Articles of Amendment and fee are su				
The enclosed Afficies of Amendment and fee are su	omitted for ming.			
Please return all correspondence concerning this ma	tter to the following:			
Christian R. Stras	sser			
	Name of Contact Person			
Raw Products Co	orp			
	Firm/ Company			
8593 Bradleys La	anding St.			
	Address			
Orlando, Florida	32827			
	City/ State and Zip Code	;		
christian@realathleti	cwear.org			
	sed for future annual report	notification)		
For further information concerning this matter, please	se call:			
Chrisitan R. Strasser at (352) 989-3235				
Name of Contact Person Area Code & Daytime Telephone Numl		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status	S43.75 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	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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Raw Products Corp

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P14000008206

Pursuant to the provisions of section 607.1006,	Florida Statutes, this Flo	rida Profit Corporation ad	lopts the following a	amendment(s) to
its Articles of Incorporation:		•	•	

1 1400000200	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Torida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
	The nev
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	To". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(muning united MAY DE ATOST OF FICE BOX)	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
V . D	Eli J.
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 w	ith and accept the obligations of the position.
Signature of New Registered A	gent, 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>s</u> <u>v</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Gary Henson	13428 Daniels Landing Cr
Add			Winter Garden, Fl. 34787
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	**************************************		
Add		· ————	
Remove			

L. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
······································	
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 2/20/2014	_, if other than the
date this document was signed.	
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 2/21/2014	
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)	_
Christian R. Strasser	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	-

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA