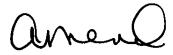
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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	ij)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	iling Officer:	
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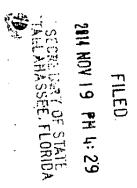
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	ION: Rago (Blue Marke	ting Firm INC
DOCUMENT NUMBER	: <u>P14000</u>	052751	
The enclosed Articles of A	mendment and fee are sul	bmitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
	Zou		
		Name of Contact Person	l
_	P.E	Firm/Company 1. Box 50	
	Pon	(e Vedra -	Beah 71.32004
	E-mail address: (to be us	amiete Com	Cast Net notification)
For further information co	ncerning this matter, pleas	at (<u> 223-0204</u>
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	ertment 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)
Amenda	Address nent Section of Corporations x 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

\bigcirc	. of	FILED	
Kan BI	a Muchatia	Time PH 4: 29	
(Name of Corporation as curren	ntly filed with the Florida Dept.	State) THE STAIR	_
PIU AMO:	マン フケー	SECTORIO	A
(Document Numl	ber of Corporation (if known)	TALLAMASSE	
	,	9	
arsuant to the provisions of section 607.1006, Fig. Articles of Incorporation:	florida Statutes, this <i>Florida Profit</i>	t Corporation adopts the following am	endment(s)
. If amending name, enter the new name of	the corporation:		
		mi.	
ame must be distinguishable and contain the	e word "corporation" "compan	The	
Corp.," "Inc.," or Co.," or the designation "ord "chartered," "professional association," o	'Corp," "Inc," or "Co". A profe	essional corporation name must cont	ain the
. Enter new principal office address, if appli	icable:		
Principal office address <u>MUST BE A STREET</u>	(ADDRESS)		
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		
. If amending the registered agent and/or re		a, enter the name of the	
new registered agent and/or the new regist	tered office address:		
Name of New Registered Agent			
	(Florida street address)		
Naw Pagistanad Office Address		Placida	
New Registered Office Address:	(City)	, Florida	
		, i	
lew Registered Agent's Signature, if changing	g Registered Agent:		
hereby accept the appointment as registered ag	gent. I am familiar with and accep	ot the obligations of the position.	
Signature	of New Registered Agent, if chang	ging	

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> <u>John Do</u>	<u>oe</u>	
X Remove	V Mike Jo	ones	
_X Add	SV Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasole/	Clifford Code	5319 6019 COUSE D
Add			Jacksonville FL
Remove			32277
2) Change	VP	Katie O Palamaro	4197 Highwood Dr
Add Add			Jacksonville, 71
Remove	0		32216
3) Change	VI'	Evet. Connie	130 Corridox Rd
Add			Scite 523
Remove			Ponte Vedra Beach Fr 32004
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

,Au	tach additional sheets, if necessary). (Be specific)
<u>lf :</u> <u>P</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: NOO 15, 2014 date this document was signed.	, if other than the
110.	
Effective date if applicable: 15, 2014 (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	
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 Noo 15 2014 Signature Lee // Canal	
(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)	
(Typed or printed name of person signing)	_
Title of person signing	etor
(Title of person signing)	