## PT7000 63054

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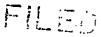
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: SEGAL VENTUR	E CAPITAL. INC			
DOCUMENT NUMBER					
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:			
PAU	JL F. SCHNEIDER, CPA				
		Name of Contact Person	1		
SCI	INEIDER & ASSOCIAT	ES OF SOUTH FLORIDA	LLC		
	Firm/ Company				
150	150 SOUTH UNIVERSITY DR. SUITE A				
		Address			
PL/	ANTATION, FL 33324				
		City/ State and Zip Code	;		
PAUL@S	CHNEIDERASSOC.COM	M			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information cor	ncerning this matter, pleas	e call:			
PAUL F. SCHNEIDER		954 at (	474-8889		
Name of Co	UL F. SCHNEIDER     at (954)     474-8889       Name of Contact Person     Area Code & Daytime Telephone Num		de & Daytime Telephone Number		
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment 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)		
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SEGAL VENTURE CAPITAL, INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000063054 (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: RAZI VENTURE CAPITAL, INC 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: PAUL F. SCHNEIDER CPA Name of New Registered Agent 150 SOUTH UNIVERSITY DR. SUITE A (Florida street address) PLANTATION New Registered Office Address: Florida (City) 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>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	TREAS	PAUL F. SCHNEIDER	150 SOUTH UNIVERSITY DR
X Add			STE A
Remove			PLANTATION, FL 33324
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del> </del>
-	
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f an amendment provides for an exch	pange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у тогаррисате, таксае мл.)	
· · · · · · · · · · · · · · · · · · ·	
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	NOVEMBER 16, 2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	:nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/16/20	018	
Dated		
S: \	\	
selec	a director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ZEEV SEGAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	