P19000085219

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COVER LETTER

Division of Corporations NAME OF CORPORATION: RAVLINE CORP DOCUMENT NUMBER: P19000085219 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luneida V. Augustin Name of Contact Person Rayline Corp. Firm/ Company 9050 Pines Blvd Suite 450-3 Address Pembroke Pines, FL 33024 City/ State and Zip Code ravlinecorp@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 600-0394

Area Code & Daytime Telephone Number Fabiola P. Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

. TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Ravline Corp.

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

	P19000085219
	(Document Number of Corporation (if known)
	rsuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to Articles of Incorporation:
A.	If amending name, enter the new name of the corporation:
	Thenew
"/. "c" B.	me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," nc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word hartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal 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: Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street address)

(City)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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; CF() = 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>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	VP	Ricardo Augustin	9050 Pines Blvd Suite 450-3
Add			Pembroke Pines, FL 33024
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti aach <i>additional sheets, if necessary).</i>	(Be specific)
<u> </u>	
-	
	
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for amondment provides for an evel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

•

The date of each amendment(s) adoption: date this document was signed.	, if other than the
_	
Effective date if applicable: (no more than 90 days after amendment file date)	(e)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremedocument's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	cholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ving statement vent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
Dated10/05/2023	
Signature Luneida Juliana Augustin (Oct 10, 2023 10 22 EDT)	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	re not been or other court
Luneida V. Augustin	
(Typed or printed name of person signing)	
CEO/MGR	
(Title of person signing)	