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- APR 2 8 2014

EXAMINER

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COYER LETTER

Ϋ́O:	Amendment Section
	Division of Cornorations

NAME OF CODEO	RATION: RISAYCA I	NVESTMENTS	, INC.
DOCUMENT NUM	BER: P9300003889	0	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	David A. Pearl, E	sq.	
	•	Name of Contact Person	1
	Buchanan Ingers	oli & Rooney PC	· · · · · · · · · · · · · · · · · · ·
		Firm/ Company	
	401 East Las Ola	is Blvd _/ , Suite 22	250
		Address	
	Fort Lauderdale,	Florida 33301	
		City/ State and Zip Cod	
		-,	
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
David A. Pea	arl	at (954	468-2306 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:
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Am Div P.C	iling Address endment Section ision of Corporations D. Box 6327 Iahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahossee, FL 32301

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APPROYEU AND FILED No. 6427 P. 3

Apr. 25. 2014 3:10PM Buchanan Ingersoll & Rooney LLP

14 APR 25 (((HIA000099297 3)))

Articles of Amendment to Articles of Incorporation SECRETARY OF STATE TALLAHASSEE, FLORIDA

οf

RISAYCA INVESTMENTS, INC.	•
(Name of Corporation as currently filed with the Flo	orida Dept, of State)
P93000038890	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "F	Co". 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)	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:(City)	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Registered As	gent, if changing

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If amending the Officers and/or Directors, enter the fitle and name of each officer/director being removed and title, name, and address of each Officer aud/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	PT	John Do	<u>De</u>	
X Remove		Mike Jo		
X_ Add	_ <u>sv</u>	Sally Sr		
Type of Action (Check One)	Title		Name	Address
1) Change	Р		Nelson E. Sayegh	1110 Brickell Ave.
✓ Add				Suite 509
Remove				Miami, FL 33131
2) Change		_		
L Add				- <u></u>
Remove				·
3) Change				
Add			,	
Remove				
4) Change				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				
LXGIIOVC				

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	s, if necessary). (Be specific)			
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<u>f an amendment prov</u> provisions for implem (If not applicable,	ildes for an exchange, reclassift tenting the amendment if not of the indicate N/A)	Ication, or cancellation contained in the amend	of Issued shaves, Iment Itself:	
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No. 6427 P. 6

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	SECRETARY OF STATE FALLAHASSUE, FLORIDA	•
The date of each emendment(s) date this document was signed.	adoptions TALLARASSILLIA ECIABIA	if other than the
Effective date if applicable:		•
	(no more than 90 days after amendment file date)	 ,
Adoption of Amendment(s)	(CHECK ONE)	
The emendment(s) was vere in the shareholders was /were	idopted by the shareholders. The number of votes east for the amendment(s) sufficient for supproval.	:
T(to amendment(s) was/ware a must be separately provided j	approved by the shetcholders through voting groups. The following statement or each voting group satisfied to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voiling group)	
	(váling group)	
The amendment(s) was/were a sollon was not required.	dopted by the board of directors without shareholder action and shareholder	
The omendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	,
Dated_OS	1/24/14.	• •
Signature	Daniel A	•
(By a	director, president to other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	•
	Claudia Sayegh Mande	
	(Typed or printed name of person signing)	-
	Sacretary	
	Secretary	

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