7940000004624

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900237089869

07/17/12--01011--004 **35.00

12 JUL 17 PM 3:19

ETARY OF STATE

JUL 1 8 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: RAYMACK	ENTERPRISES	S, INC.		
	BER: P9400000462				
	of Amendment and fee are su				
Please return all corres	spondence concerning this mat	tter to the following:			
	JANET BARNET	Т			
		Name of Contact Person	1		
	Firm/ Company 7642 TRENT DRIVE, BUILDING E				
		Address			
	TAMARAC, FLOR				
		City/ State and Zip Code	e		
JLE	3143@COMCAST				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
GENE S BOI	NHAM	_{at (} 954	753-6966		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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)		
Mailing Address Amendment Section			Address Iment Section		
	sion of Corporations Box 6327	Division of Corporations Clifton Building			
	ahassee, FL 32314	2661 Executive Center Circle			

Articles of Amendment to Articles of Incorporation

DIVISION OF CORPORATION
12 JUL CORPORATION
12 JUL 17 PH 3: 19

RAYMACK ENTERPRISES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P94000004624

Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "C	o". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applica	able:		
(Principal office address MUST BE A STREET A		· · · · · · · · · · · · · · · · · · ·	
C. Enter new melling address if anniforbles			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
			•
,			
		a	
D. If amounting the resistent disperse and/ou need	istanad office addus	ao in Flouido, antantha r	af the
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		ss in Fiorida, enter the i	iame of the
Name of New Registered Agent			
	(Florida stree	et address)	
New Registered Office Address:		, Flori	da
	(City)		(Zip Code)
New Registered Agent's Signature, if changing		ish and account the ablicant	:
I hereby accept the appointment as registered ager	u. 1 am jamillar wi	un ana accept the obligat	ions of the position.
			_
Signature o	f New Registered Ag	zent, 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike_Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р		BRUCE KOPLOWITZ	5210 UNIVERSITY DR, SUITE 105
X				DAVIE, FLORIDA 33328
Remove				
2) Change	Р		JANET BARNETT	7642 TRENT DR, BLDG E
Add				TAMARAC, FL 33321
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			·	
Add				
Remove				
6) Change				
6) Change				
Add				
Remove				

-		
		<u> </u>
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued sl ndment if not contained in the amendment itself;	hares,

The date of each amendment(s):	adoption: JULY 10, 2012
	JLY 10, 2012
	(no more than 90 days after amendment file date)
	(CHECK ONE)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
_{Dated} JULY	10, 2012
Signature	Sans Games director, president or other officer – if directors or officers have not been
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	JANET BARNETT
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)