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COVER LETTER

TO: Amendment Section Division of Corporations

t .

NAME OF CORPORATION: Rays LIMOUSINE SERVICE, INC. DOCUMENT NUMBER: P95 0000 78256				
DOCUMENT NUMBER: P 95 0000 78256				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Mohamadreza Farekhivia Name of Contact Person				
Firm/ Company				
5261 NE 20 AV Address				
Address				
Fort Layderdale, FL 33308 City/State and Zip Code				
E-mail address. (to be used for future annual report notification)				
For further information concerning this matter, please call:				
KAY CREMEENS at 954, 200-1995 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

18 AFR 30 AH II: 02

A	of "C
R - 1 C	
1) AYS LIMOSOUINE, S	envice I IIIC.
D O C S O C S O C	n as currently lifed with the Florida Dept. of State)
P 9500078	
(Docume	ent Number of Corporation (if known)
rsuant to the provisions of section 607,1006, Florida 5 Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corp	poration:
HAYREZA, Inc.	90
ome must be distinguishable and contain the word	"corporation," 'company," or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the al	"Inc." or "Co". A professional corporation name must contain the
ra cranerea, projessiona association, in me de	overtunia T.A.
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR 	N.A.
raicipai ogjiče daaress <u>stost Br. A STRELLI XIIIX</u>	<u>(1655</u>)
Enter new mailing address, if applicable:	(A
(Mailing address MAY BE A POST OFFICE BOX	N. A.
If amending the registered agent and/or registered	
new registered agent and/or the new registered of	Hice address:
Name of New Registered Agent	
 	(Florida street address)
New Registered Office Address:	Florida
Acquired (qui e Hauress).	(Cuv) , Florida (Zip Code)
	· ·
w Registered Agent's Signature, if changing Regist	tered Agent:
erchy accept the appointment as registered agent. To	am familiar with and accept the obligations of the position.
	and the second second
Signati	ure 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 = Chairmon 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 officer.

held. President, Treosurer, 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: XChange	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change		
Add		
Remove		
2) Change		
Add		 .
Remove		
3) Change		
Add	\frac{\}{}	
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Replove		
6)Change		
Add		
Remove		

If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary).—(Be specific)	
	
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	,
	
X	
16	
If an amendment provides for an exchange, reclassification, or can provisions for implementing the amendment if not contained in the	icellation of issued shares. ne amendment itself:
provisions for implementing the amendment if not contained in the (if not applicable, indicate (IA)	
/	
/	
-/	
_/	
/	

	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ 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. April 26, 2012	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. APRIL 26, 2012 Dated M. D. G. M. D. R. E. Z.A. F. ARCKINIA Signature	
// (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)	
Mohamadreza FarukhwiA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	