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S. YOUL

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COVER LETTER

TO: Amendment Section

Division of Corporations			,	
NAME OF CORPORATION:	R.A. 1	Bobby R	obents_	Ranch, Inc.
DOCUMENT NUMBER:	5.57	430		
The enclosed Articles of Amendment	and fee are submitt	ed for filing.		
Please return all correspondence conce	erning this matter to	the following:	,	
).	Karen H	owell	
	RA B	ame of Contact Person	ents Ro	anch Inc.
	ρ	O. B	0 x 51	25
	_	And the second		25 34/43
E-mail ad	gran	or future annual report	notification)	om
For further information concerning the	40 we//	at (86	3) 675	3 - 19 9 3 phone Number
Enclosed is a check for the following		able to the Florida Dep	artment of State:	
☐ \$35 Filing Fee ☐\$43.75		3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Certificate of S Certified Copy (Additional Copy is enclosed)	Status /
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Amen Divis Clifto	t Address dment Section ion of Corporations n Building Executive Center C	ircle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

of (C)	4 1 1 -
R. A "Bobby" Rol	perls Ranch Inc-
(Name of Corporation as currently fi	
5524	00
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida S	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: RAROBERT	5 RANCH INC The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated or the abbreviation" A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Samp
(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: New of New Pagistared Agent	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
No. 10 Company (Administration	, Florida
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	egistered 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: XChange	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				<u> </u>
Add				
Remove				
2) Change				
Add				
Remove				
3) Change			<u></u>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				And the Till
Remove		,		
6) Change				
Add				
Remove				

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			of issued shares.	
If an amendment provides for an exc	hange, reclassification	<u>on, or cancellation</u>	OI I CALCA DIDENT COL	
provisions for implementing the amo	hange, reclassification	on, or cancellation ined in the amend	lment itself:	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification endment if not conta	on, or cancellation ined in the amend	Iment itself:	
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provisions for implementing the amo	hange, reclassificati endment if not conta	on, or cancellation	lment itself:	

/-/-20/8 if other than the
The date of each amendment(s) adoption:
Effective date <u>if applicable</u> :
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK_ONE</u>)
☐ 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 cast 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.
Dated
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing) Sect. / Tycas.
(Title of person signing)