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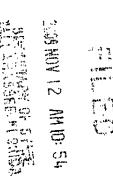
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Certified Copies	Certificates	s of Status
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T. CLINE

NOV 1 3 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	ARIS R	OOFING, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	AR	ISTIDES R ARRONDO			
		Name of Person			
	ARIS CONST	RUCTION & CONSULTING	. LLC		
Firm/Company					
	142	1 SW 107th AVE, # 200			
		Address			
		MIAMI, FL. 33174		TO S	1
	Carrier .	City/State and Zip Code	<u>-</u>		5 75
	INFO	@ARISROOFING.COM		المراج والمراج	مجيدن
	E-mail address: (to be used for future annual report notifica-	ation)	当型へ	ri annigh
For further information	concerning this matter, please of	eall:			3 5
ARISTI	DES R ARRONDO	at (786) 4	88-3547		л
Name	of Person	Area Code & Daytime	Telephone Number	r	
Enclosed is a check for	the following amount:	·			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
••••	LING ADDDCCC	CTDEFT/COUDIE	n ADDRESS:		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ARIS ROOF Liability Compar Florida Limited L	ING, LLC y as it now appears on our iability Company)	records.)				
The Articles of Organization for this Limited Li Florida document number		were filed on09/1	2/2007	aı	nd assig	ned	
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	the limited liabi	lity company here:					
ARIS CON	STRUCTION 8	CONSULTING, LLC					
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Company," the	designation '	'LLC" o	r the abl	breviation	
Enter new principal offices address, if applic	1421 SW 107th AVE	E, # 200					
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL. 33174					
Enter new mailing address, if applicable:		1421 SW 107th AVE	= # 200	A Design of the second of the	J. 555-5 W.	weekste y	
(Mailing address MAY BE A POST OFFICE	POVI	MIAMI, FL. 33174	-, <i>n</i> 200	17771 901		Heren	
B. If amending the registered agent and/	or registered off	ice address on our reco	ords, <u>enter</u>	the 'na	2 History me of	the new	
registered agent and/or the new registered of	lice address here	2:		2.	-6+		
Name of New Registered Agent:					*** ·· *·		
New Registered Office Address:	1421 SW 10	7th AVE, # 200 Enter Flori	da street aa	ldress			
		MIAMI	, Florida _	3	33174		
	City		,		Zip Code		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> _ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 10** 2009 Dated _ Signature of a member or authorized representative of a member ARISTIDES R. ARRONDO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00