Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002561523)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062

Phone Fax Number : (323)962-8600 : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARTERO, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

Brain 15-26-1

10/25/2011

FAX COVER SHEET

то	
COMPANY	
FAX NUMBER	18506176380
FROM	Natalja Karniouchina
DATE	10/25/2011 11:11:48 AM PDT
RE	ARTREO, INC 501859397

COVER MESSAGE

Natalja Karniouchina
Legal Document Preparation Specialist
nkarniouchina@legalzoom.com<mailto:nkarniouchina@legalzoom.com>
www.legalzoom.com<http://www.legalzoom.com/> | 101 N. Brand Blvd., 10th Floor,
Glendale, CA 91203

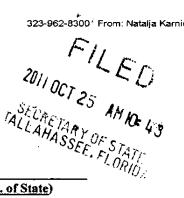
This transmission may contain confidential and privileged material for the sole use of the intended recipient(s). Any review, use, distribution or disclosure by others is strictly prohibited. If you are not the intended recipient (or authorized to receive for the recipient), please contact the sender by reply email and delete all copies of this message. LegalZoom is not an attorney and can only provide self help services at your specific direction. LegalZoom.com, Inc. is a registered and bonded legal document assistant, #0104, Los Angeles County (exp. 12/11). Prices, features, terms and conditions are subject to change without notice.

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: ARTERO, INC	2	
DOCUMENT NUM	BER: N11000009240		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		bara Dang Contact Person)	
	(Name of	Contact Person)	
	Legalz	oom.com, Inc.	
	(Firm	n/ Company)	
	100 W. Bro	padway Suite 100	
		Address)	
	Glenda	ile, CA 91210	
		te and Zip Code)	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further information	on concerning this matter, pleas	e call:	
	arbara Dang	at (323) 962-8600 (Area Code & Daytin	0 x7950
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Department	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		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

Articles of Amendment to **Articles of Incorporation** of



ARTERO, INC (Name of Corporation as currently filed with the Florida Dept. of State) N11000009240 (Document Number of Corporation (if known)

. If amending name, enter the new name of	of the corporation:	
A	RTREO, INC.	
he new name must be distinguishable and observiation "Corp." or "Inc." <u>"Company"</u>		corporated" or the
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)		
. If amending the registered agent and/or	registered office address in Florida en	ter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg		ter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg		ter the name of the
new registered agent and/or the new reg		ter the name of the
new registered agent and/or the new reg	istered office address: (Florida street address)	
new registered agent and/or the new reg	istered office address: (Florida street address) (City)	ter the name of the

Page 1 of 3

(Attach ad	ditional sheets, if necessary)	h Officer and/or Director beins	
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Add
		Mine TT	
E. <u>If amer</u> (attach d	nding or adding additional Article additional sheets, if necessary). (s, enter change(s) here: Be specific)	

The date of each amendmen	t(s) adoption: 10/20/2011
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	10/20/11
Signature _	MA)
hav	the chairman or vice chairman of the board, president or other officer-if directors on the not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	ORTIZ, EZEQUIEL
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3