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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	ARBEL TRADING COR	P
DOCUMENT NUM	ИВЕR:	P00000035731	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	is matter to the following:	
<u>,</u>		_UIS ARBELAEZ	
	N	lame of Contact Person	
_	ARB	EL TRADING CORP	
,		Firm/ Company	
	8	327 KAPOK WAY	
		Address	
****		ESTON FL 33327	
	C	ity/ State and Zip Code	
<u></u>	E-mail address: (to be use	d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
LU	IS ARBELAEZ	at (954)560	
Name o	f Contact Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Departn	nent of State:
7 \$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 Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

ARBEL TRADING CORP.

Articles of Articles of Articles of Inc. Articles of Inc. of	** S
ARBEL TRADING CO	
(Name of Corporation as currently filed with	the Florida Dept. of State)
P00000035731	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Staturamendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	827 KAPOK WAY
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WESTON, FL 33327
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	827 KAPOK WAY
	WESTON, FL 33327
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:	
New Registered Office Address: (Flori	ida street address)
(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
Signature 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)

· .~,

Title .	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
	nending or adding additional Articles, on additional sheets, if necessary). (Be		
	n amendment provides for an exchangosisions for implementing the amendment (if not applicable, indicate N/A)		

The date of each amendmen	it(s) adoption: 02/15/2010
Effective date if applicable:	02/15/2010 (date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led 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)
action was not required. The amendment(s) was/wasction was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_02/	15/2010
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LUIS ARBELAEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)